

cion and completely filled in by the funeral director, page 3 ers. Pages 1 and 2 show that the second and 2 show the second and 2 show the second and a show the second and a show that the second and the second and

injury, or ather troumatic event,

STATE OF MARYLAND

RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	BIENE	7	REG. No.	Ò	0	4	
LAST	10.	DATE OF	DEATH	NA LEAL	0.44	WEAD	1

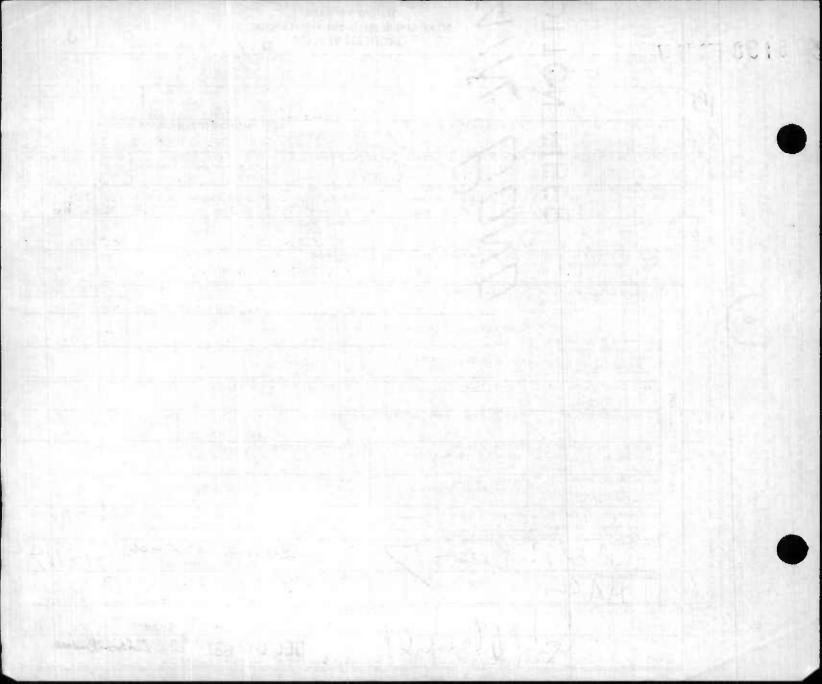
1		STATE REGISTRAR		DEFARIN	CERTIF	ICATE OF DEATH	REG. N	5 0	1 4	0
4		EASED NAME FIRST		MIDDLE	l.	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2h HOUR
1	(I YPE	CLAYTON	BR	ADFORD	AD	AMS	DECEMBER 2	, 1987	- 1	5:15 A
1	3 SEX	(4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
		MALE	WH	ITE	SEPT	EMBER 27, 192	7 60	YRS	H5 DAYS	HOURS MIN
Λ		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY O	DEATH		
1	-	egon	USA		WIDOWE		MONTGOM	NTY,	MD.	
7	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATI		12b. KIND OI	F BUSINESS OR
4	March 1	BETHESDA	CLIN	ICAL CENT	ER (N	IH)	Comm. Spec			Air Forc
d	ISUA e. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	136. INSIDE CITY LIMITS?	13e.STREET ADDRESS	710 CODE	45	2033/4
	200		rfax	FAIRFAX		YES NO X	12314 WAS			
1	14 FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAST	
	1	Robert	E.	Adams		Florence			Hoffma	an
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE			
	1,	Yes WW		543-20-7	943	MRS. RUTH E.	. ADAMS (WI	FE) SA	ME AS	ABOVE
		IB CAUSE OF DEATH (Enter on	ly one couse per	line for (a), (b), and	l (e).)				APPROXIM BETWEEN C	MATE INTERVAL
H		PART I. DEATH WAS CAUSE IMMEDIAT		2 y:	rs					
		DUE TO, OR AS A CONSEQUENCE OF								
		Conditions, if any, which	((b)	SEPS	IS		A . CA		2 m	os.
		gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF					
		underlying cause last (c) RESPIRATORY FAILURE								ays
	z	PART 2 OTHER SIGNIFICANT (ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	N PART 110	3
	CERTIFICATION	19a DATE OF OPERATION	19h COND	ITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?				20b IF YES, W	ERE FINDIN	IGS LISED
4	IFIC						YES TO NOTX	IN CERTIFYING	G CAUSES	OF DEATH?
	ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME C	DF INJURY		21c. HOW INJURY OCCURR			OR PART 2)	140
ŕ	-	OR CONTRIBUTING CAUSE OF DEA	1111	M. MONTH DA						
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED		M. OF INJURY	19	211. LOCATION				
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STI	REET, FACTORY, OFFICE, FA	IRM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
1		22a. I certify that A (this hospi	tol) attended th	e deceased from_		.19	DEC. 2	, 19	87	that X (we) last
		saw therdeceased aliveran above, (1) (we) (did) (did no			37	nd that in $(\sqrt[4]{k})$ (aur) opinion d	leath accurred on the de	ate and hour on	d from the	causes stated
d		22b. SIGNATURE) (/	oner deam.	7	DEGREE (n	Sandox	pade	220 DATE S	SIGNED
		Buch &	-	52)	/	ATTENDHO PHYSICIAN	MEDICAL STAI	7	12/	2/87
		224. PHYSICIAN'S NAME LIXPE O	R PRINT)	/		220 ADDRESTIONAL	INSTITUTES	OF HEA	LTH	1
		HAAD				CLINICAL	CENTER, BE	THESDA,	MD :	20896
	- (URIAL, CREMATION, REMOVAL	73h DATE	0		EMETERY OR CREMATORY	236 LOCATION CITY OR TOWN	u c	YTAUC	STATE
	C	remation \	1 12/13/	B7 Ev	rerly	F H Crematory		ria		Va.
		INERAL DIRECTOR	Jul II	Whendy	4	AS DATE	OG BY RECISTRAR	25h REGISTRAR	SSIGNATI	UR
	EV	erly Funeral N	ome 1056	5 Main St	PAI	rfax, vA	- 0 1001			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the after should be detacked for use as the burial-transit permit. Then please remains with the State Dept. of Health and Mental Hygiene prior ta burial, cremation,

OR ATTENDING PHYSICIAN: The hospital or attending physician.

MAPORTANT: If them 21 is morked or Item 18 shows ony



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- 9	4.	0	4	
REG. NO	63	0	634	

	n is	REGISTRAR			CERTIF	ICATE OF DEATH	7 REG. N	10.	UA	L		
		CEASED NAME FIRST		MIDDLE	1	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR		
	(IIII)	THO	MAS	SCOTT	1	DAMS	DECEMBER	3.	1987	5:40/AM		
	3 SEX		4 RACE		S. DATE (OF BIRTH	6 AGE (IN YEARS LAST BI	RIHDAY)	MONTHS DATE	HOURS MIN.		
		MALE	WH	LITE	JULI		53	5 YRS	Motor David	MIN.		
1		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	8 AAA POIE	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH			
d		OUISIANA .	us	SA	WIDOWE		MONTGO	oner	4 Cour	JTY MD.		
jin		TY OR TOWN OF DEATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	126 KIND OF BUSINESS OR			
1	I	DERWOOD	7620	1 - 1	. 0	RIVE	SALESM		REAL ESTATE			
P	USUA 13e. S	AL RESIDENCE (IF NURSING HOME) TATE 1136 CC	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	113d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP COD		,		
*****	MA		NTGOMERY	DERWO		YES NO	7620 DEI	/		20855		
-	14. FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM			1	.,		
		THOMAS	SCOTT	ADAI	ns	AMANDA		IERE	= "			
1		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDR	ESS		4		
E			CONFLKT	579-36	-9923	MRS. JOANNE	ADAMS (WIFE) SAME	E AS#13		
	7	18 CAUSE OF DEATH (Ente	r only one couse pe	r line for (0), (b), a	nd (ch)			,		ONSET AND DEATH		
	18	PART I. DEATH WAS CAR	USED BY: DIATE CAUSE (6)	Swelle	cell	Carrian 9	fight l	ny	- 1	p		
				R AS A CONSEQU	IENCE OF			0				
		Conditions, if any, which		M AS A CONSEQU	JETTICE OF				70.00			
		gove rise to immediate couse (a), stating the		R AS A CONSEQU	ENCE OF			1 6 1				
		underlying couse lost.		AS A CONSEGO	LINCE OF							
		PART 2 OTHER SIGNIFICAN	NT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	1DITION GI	IVEN IN PART 1:	0		
	CERTIFICATION	Liver lum	1, bon	e and	eston	; COPD, A	TN					
7	S	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDI			
A STATE OF	E	- Particular					YES NOX		ES [NO [
1	l H	210. ACCIDENT WAS UNDERLYING		OF INJURY .M. MONTH D	AV VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART I OR PART 2)			
	AL	OR CONTRIBUTING CAUSE OF	DEATH	.M. MONTH C	19	8 1 1 1 1						
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION	CITY OR TO	OWN	COUNTY	STATE		
	Σ	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY, OFFICE,	FARM, ETC.)	SIRCEI	CITOKI			31870		
		220 1 certify that (1) (this ha	ospital) attended ti	ne deceosed from.	Ja	19 87	, to Dec.	3,	19 27	tho (Delme) lost		
	0	the deceased alive	on Dec	2 19_	87	nd that imy opinion o	death occurred on the c	late and ho	our and from the	couses stated		
	1	12h SIGNATURE	THOU THE GOO	offer death.)	DEGREE			22c DATE	SIGNED		
		Could (. 1) il	1-2U		ATTENDING PHYSICIAN	MEDICAL STA	CIAN []	DET	12/87		
		224 PHYSICIAN'S NAME (TY	(PE OR PRINT)			22e. ADDRESS	Omeeron Trino	CIAN	7	12/01		
	1	DONALD E	DILLO	N MI		2901 OWE	Sanlay S	DRING	DN O	LNEW MAN		
	23a. B	SURIAL, CREMATION, REMOV		1112	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	1-110	70, O	11 10,		
		CREMATION	DEC. H	1927	CHAM	BERS CREMATOR	RIVERDAD	E D	COUNTY	MARULANA		
	24 FU	JNERAL DIRECTOR	1200. 1	11011			REC'D. BY REGISTRAL		AMES SIGNA	21110		
	W.W	V. CHAMBONS CO	. INC. 86	ADDRESS	DUE S	inon Sprink, NODE!	0 9 1987	Juliar	DELINE	futness.		
		TOTAL COLOR	110,000	2 Ocorcold	700.0	ا مال مراجا ال		W		-		

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending pity transfer should be detached for use as the buriol-transit permit. Then please remove corban pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event. It 075635

necal director, page 3 in 72 hours after death

filled in by the fi

ST	ATE	OF	MARYLAND	
21	MIL	VI.	IMMULIFWILD	

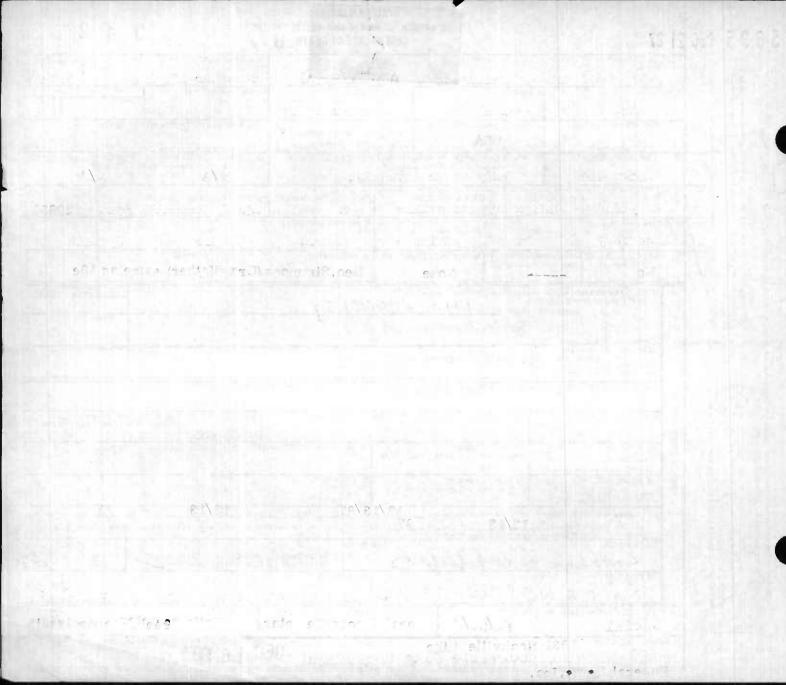
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DEC	2]-	FOR OSTATE UNEGISTRAR	D	EPARTMENT OF	HEALTH AND MENTAL HYG	IENE REG. N	5 0 4	2
		CEASED NAME FIRST	MIDDLE	۸٦	IAST	20 DATE OF DEATH	MONIH DAY YEAR	2b. HOUR
	(III)	Janet	Elizabet	h As	kinson Kinson	December 1	13, 1987	5:00Am
9.9	3 SE	(4. RACE		OF BIRTH	6 AGE IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR	
	F	'emale	White	De	cember 13,1987		YRS.	2 20
9/1	7a. BI	RTHPLACE (STATE OR FOREIGN /	76. CITIZEN OF WHAT CO	UNTRY?	ED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
15/		Maryland /	USA	WIDOW		Montgo	omery	MD.
and the same of th		Rockville	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, O Shady Gro	ove Adven	tist	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF MOST		
27	13a S		ITY 13c. CITY	or town kville	YES X NO	13e.STREET ADDRESS A		20850
De min		Jeffery	Lane Ad	lkinson	Brenda	Lee	Syca.	lik
dica		VAS DECEASED EVER IN U.S. ARI (15 YES, GIV (16 YES, GIV	E WAR OR DATES]	IAL SECURITY NO.	17 INFORMANT	ADDRE		0 -
e medi		NO -	N	one	Geo.Simmon	s (Grandiathe		MATE INTERVALI
ovs any injury, ar other traumatic	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C		INSEQUENCE OF	T NOT RELATED TO THE TERM ON WAS PERFORMED	INAL DISEASE OR CON 200 AUTOPSY? YES NOSC	DITION GIVEN IN PART 1: 206. IF YES, WERE FINDI IN CERTIFYING CAUSES YES.	NGS USED
38		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM IB PART I OR PART 2}	
is marked ar	MEDICAL	21d INJURY OCCURRED WHILE OCCURRED AT WORK ON AT WORK	21e PLACE OF INJURY	Y, OFFICE, FARM, ETC)	211 LOCATION STREET	CITY OR TO		STATE
n 21 is m		22a.1 certify that (1) (this haspit saw the deceased alive on abave, (1) (we) (did) (did na	12/13	19 87	13/87 , 19 ond that in (my) (our) opinion (
NT: If Hem 21		22b. SIGNATURE Latheure 22d. PHYSICIAN'S NAME (TYPE O	Carhite	MD	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA	FF 12 12	-/4-87
WPORTANT		KATHERIN	15 C. WH		9901 Medica		cive Rockvi	20850 lle, Md.
		Burial Burial	12/18/87	Beech	Woods Cemete		Cřeek, Penn	
M 7/84 4)	24 FL	yson Wheeler	Rockville P Rockville	ike Pike Ro	ockville MD	C 1 8 1987	256 REGISTRAR'S SIGNA	TURE
	T	uneral Home, in	C.					

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and interpolate be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.



Betor. poge 3

death. Page 4 may be 2

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENI
STATE REGISTRAR	CERTIFICATE OF DEATH

REG. NO. 6 0 4 3

	ľ	REGISTRAR				CERTIF	ICALE OF	DEATH 8	1	REG. N	10.	0 .		
-	1- DE	CEASED NAME	FIRST	Α.	AIDDLE	· ·	AST		20. DATE C		MONTH	DAY YE	AR 2t	HOUR
L	CICPE	25 17	Elle	n	N.	Agge	ers		Dece	mber	21.	1987	7	:00A M
	3 SE	x		4 RACE		5. DATE C	F BIRTH		6. AGE (IN	YEARS LAST BE	RTHDAY)	IF UNDER 1		UNDER 24 HRS
-		Female	-	White	9	Feb.		1929		58	YRS		ATS H	OURS MIN.
重	7a BI	RTHPLACE STATE OF	REFOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		MARRIED -	9. BALTIMO	ORE CITY		TY OF DEAT	Н	
7		sh. D.C.		U.S.	Α.	WIDOWE		MARKIED T	Mon	tgom	ery	Count	y	MD.
0.5		TY OR TOWN OF DE			OSPITAL, NURSIN		R OTHER IN	STITUTION	120 USUAL	OCCUPAT		12b KIN	ID OF B	USINESS OR
5	R	ockville	9	Potoma	77 7 7	ey Nu	rsing	Home		reta		THE HARDS	IN	
-	USU	AL RESIDENCE HE NUI	13b COUN		GIVE RESIDENCE BEFORE		124 INICIDE	CITY LIMITS?	13e.STREET	ADDRESS	/ 7IP CO	DE.		
34		Md.		gomery	Bethes	_	YES TO	NO [6007			Drive	20	0817
5	14. FA	ATHER'S NAME		MIDDLE	LAST			'S MAIDEN NA						
(S)]	Ira		S.	Nicho	ls	J:	nette		MIDDLE		Ed	Wal	rds
3		VAS DECEASED EVE		MED FORCES?	166. SOCIAL SECU	IRITY NO.	17 HYFORM	ANI t C.	Agge	rsADDR	ESS.	20	0817	7
H		NO			578-36	-034			nd Dr	. Be	thes		id.	
0		18 CAUSE OF DEA	TH (Enter on	ly one couse per	line for to), (b), on	d en	10	-		0 1		BETW	PROXIMA VEEN ONS	TE INTERVAL
yl		PART I. DEATH		E CAUSE (D)	udomi	dred	Cara	cuon.	auch	hale	lown	al 6	AM	melt
Ma				DUE TO, OF	R AS A CONSEQUE	NCE OF			une	asla	ses			
		Conditions, if on		((b)										
S		gove rise to in couse (o), stat		DUE TO, OF	R AS A CONSEQUE	NCE OF						143		-1-14
10		underlying cous	e lost	(c)_						2.4				
ranci		PART 2. OTHER SIC	SNIFICANT (CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEAS	SE OR CON	IDITION G	IVEN IN PAR	RT Iro	
H	O													
7	CERTIFICATION	190 DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUT	OPSY?		ES, WERE FI		
X	RTIF	1 -6 (2001)							YES [NO	_	YES 🗌		NO 🗆
7	_	OR CONTRIBUTING			FINJURY M. MONTH DA	AY YEAR	21c HOW I	NJURY OCCUR	RED (ENTERN	ATURE OF INJU	URY IN ITEM 18	B PART I OR PAR	T 21	
6	CAL	(IF EITHER NOTIFY ME	DICAL EXAMINER		м.	19								
	MEDICAL	216. INJURY OCCU		21e PLACE (OF INJURY EET FACTORY, OFFICE, F	ARM, ETC.)	211 LOCAT			CITY OF TO	NWC	COUNT	Υ	STATE
ed	_	AT WORK AT W	ORK							1.1.				
ear		220.1 certify that (10/0		12/8		, 19 87	, to	12/8	3	19 87	tho	it (I) lost
			sed olive on (did) (did no	t) view the body	19_8 ofter death.) (opinion	death accurr	ed on the d	lote and h			
Cl		22h SPENATORE	401	7//			DEGREE	ATTENDING	MEDICAL	STA	EE	22c. D	ATESIC	GNED
		Troval	C.V	racen				PHYSICIAN				12	421	PI
1		12d PHYSICIAN'S N	JAME (TYPE O	R PRINT)			22e. ADDRE	SS					208	351
/_		Dr. R	obert	C. Ma	con		809	Viers	Mill	Rd.	Rock	ville	, 1	id.
		BURIAL, CREMATION		23b. DATE	,			CREMATORY	23d. LOC	Y OR TOWN		*OUNTY		. STATE
		Crema	tion	12/22	/87 Me	trop	olita	n Crem		exand			gın	1a
14	24 F(INERAL DIRECTOR	Wheel	er Fun	eralomus	me.	Inc		REC'D. BY	REGISTRAR	25b REGI			E terclature !
	1.3	31 Rockv	TITE	FIKe T	(OCKVII)	Le, E	1953	2	40	1901	4	A Brown of A	1.18	à

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and is should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. MPORTANT: If Hem 21 is marked or Hen 18 shows any injury, or other traumatic event, the me

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	Ty, Aged	.46	2.1 DSV	6 Inde	
Marie State of State					
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COME avenil banks will	Z Z	654 1	Parent	Mr. Los	
atraviti .	esicial				
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	anaphe				
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STATE OF MARYLAND

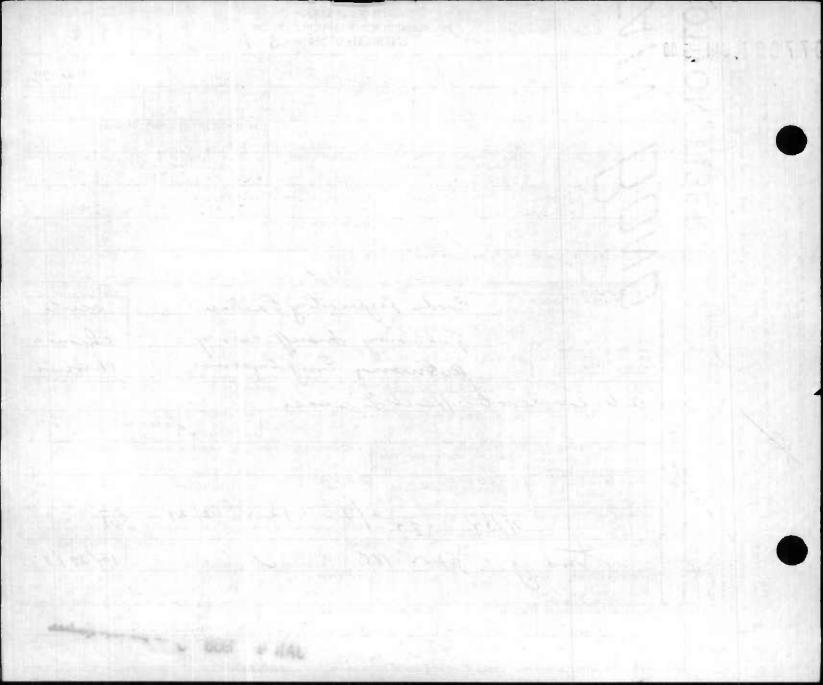
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

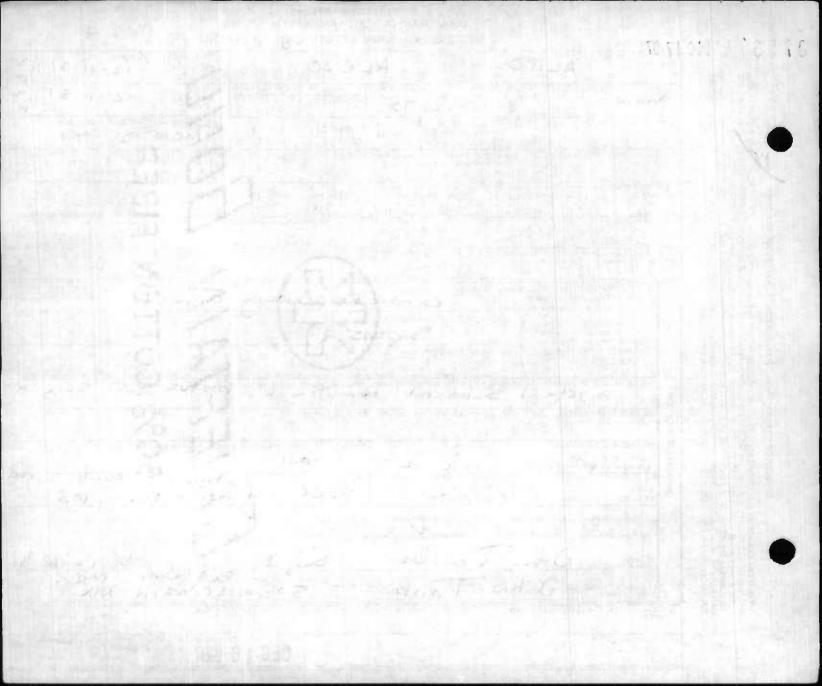
	FOR - STATE REGISTRAR	DEP		EALTH AND MENTAL HYG	7 50	0 4 4					
4	I. DECEASED NAME FIRST	MIDDLE	i.	AST	REG. NO. 20 DATE OF DEATH MONTH D	DAY YEAR 26 HOUR					
ı	(TYPE OR PRINT) CLARE	NCE	AT.	BRIGHT	DECEMBER 27, 19	987 4:32 m					
1	3. SEX	4. RACE	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS					
1	MALE	CAUCASTAN	SEPT		81 · YRS.	AONTHS DAYS HOURS MIN.					
1	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8 MARRIEL	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH					
	Maryland	USA	WIDOWE		MONTGOMERY	MD.					
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR					
	BETHESDA	5206 IROQUO		20816	ARMY MAP SERVICE						
	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 136 COL			13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE						
d		TGOMERY BETHI		YES NO	5206 IROQUOIS RO	OAD 20816					
J	14 FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	WE	LAST					
ł	MOSE		RIGHT	MARY		HARPER					
1	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDRESS						
ı	NO		8-3416	MARGARET E.	ALBRIGHT/WIFE/SAM						
I	18 CAUSE OF DEATH (Enter of	only one cause per line for (a), (b	ol, and (cl.)	1 +		BETWEEN ONSET AND DEATH					
ı		ATE CAUSE (o)	du pe	specalory of	achere	acute					
ı		DUE TO, OR AS A CONS	EQUENCE OF	, ,		0 -					
ı	Conditions, if any, which gave rise to immediate	(1b) Pu	luove	y Ansuff	iciency	Chronse					
ı	couse (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF	6 1/		1 al «					
I		(c) prompt of the contract of									
١		CONDITIONS CONTRIBUTING	TO DEATH HUT	RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	EN IN PART Ito					
	Q Chileres	196 CONDITION FOR WI	esto	isitasi	20a AUTOPSY? 20b IF YES.	, WERE FINDINGS USED					
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	198 CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	IN CERTIFY	YING CAUSES OF DEATH?					
	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		121/ HOW IN HIPV OCCUPE	YES NO YES	NO [
		HOUR A.M. MONTH	DAY YEAR	THE HOW IN JOHN OCCORN	LED LEWISK MATURE OF INJURY IN HEM 18 PA	RTTORPART2)					
A	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	711, LOCATION							
١	WOLLD NOT WHITE	(AT HOME STREET, FACTORY, OF	FFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE					
ı	AT WORK AT WORK	pital) attended the deceased fr		1/7 10 73	12/20	19 7 , that (I) (we) lost					
ı	sow the deceased alive a	0_1/27		that in (my) (our) opinion of	death accurred on the date and have						
ı	27b. SIGNATURE	ot) view the bady ofter death.	- /	DEGREE		22c. DATE SIGNED					
ı	1	6 2 - FE	or no	ATTENDING PHYSICIAN F	MEDICAL STAFF	12/29/87					
1	22d. PHYSICIAN'S NAME (TYPE	OR PPIN	7.0	22e ADDRESS	DIRECTOR PHYSICIAIN	1, 1, 20, 1, 0, 1					
	FRANK FEDOR			4201 CATHEDI	RAL AVE. WASHINGT	ON, DC					
1	23a BURIAL, CREMATION, REMOVA		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION						
	(SPECIFY) BURIAL	DEC 31,1987		VET CEMETERY	WASHINGTON, D.	C STATE					
		NCIS J. COLLIN			E REC'D. BY TELLUSTRAR 256. REGIST						

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

500 UNIVERSITY BLVD W SILVER SPRING, MD 20901





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	AC III S	3 SEX		CE	5. DATE OF BIRTH	6 AGE (IN YE			UNDER 24 HRS	2c. DATE	MONTH	DAY YEAR	2d HOUR
	ESSARY, PLEASE RAL DIRECTOR. R YOUR FILES. HIN 72 HOURS ESTON STREET,		mi	7	MONTH DAY	YEAR IAST BIRTHO	AY) MONTH		OURS MIN	PRONOUNCED	15	16 8	2 00
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- 2	E-095	-	FIRST		WIDDLE	LAST	654.4	FIRST	MAIDENTAM	MIDDLE		LAST	
ORE	085 AV		Lafeyett	e		Allison		La	cey			Rayles	3
THE	2008 /	16a \	VAS DECEASED EVE	(IF YES, GIVE Y	AED FORCES? WAR OR DATES)	166. SOCIAL SECURIT	Y NO.	17. INFORMAL	NI	ADD	RESS		
.62			Yes	WW I	I & Korea	308-03-10	36	Merce	des L.	Allison	same	as #13	
12.	O. W. T. W.		18. CAUSE OF DE	ATH (Enter anl	y ane cause per line	far (a), (b), and (c).)						APPROXIMA" BETWEEN ONS	E INTERVAL
15 Z	S S S S S S S S S S S S S S S S S S S		PART I DEATH		E CAUSE (a)	YOCHRD,	M	INF	ARCT 10	n)		AUL	TIK
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	MINITA OR B		gave rise to		DUE TO OR	AS A CONSEQUENCE	AFACT.	17484	OVII SCO.	- MAN - 1	745	1	
201 W	N. AEL		lying cause las		000,000	IS A CONSEGUENCE	Oi						
S.	S S S S S S S S S S S S S S S S S S S		BART 2 OTUFB FICHIFIC	AND COMPUTIONS	(c)							1	
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EC	A A S A S A S A S A S A S A S A S A S A	CERTIFICATION											
7		3	190 DATE OF OPE	RATION	196. CONDIT	ON FOR WHICH OPE	HATION W	AS PERFORME	D?			20 AUTOPSY	2
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DIVISION OF VITAL	FICATE SI THE WO TO THE COULD BE PATMENT	1 5	210 EXTERNAL CA	USEWAS	21b. TIME OF	INJURY	21c HC	W INJURY O	CURRED (FNTER	NATURE OF INJURY IN IT	EM 18 PART ORP	ART 2)	
N	AND THE COLUMN THE COL	3	UNDERLYING CONTRIBUTING	OR CAUSE OF D	EATH 23 P.M.	MONTH DAY YEA	5 0	LLABR	COD	AT	4 1111	_	
ISIC	E() FIQ	MEDICAL	21d. INJURY OCCU	RRED	21e PLACE O	FINJURY (AT HOME.	21f LOC	ATION	7		207 6		
20	WRITIN WRITIN ARDED ARDED GE 3 SI VIE DEP	Σ	WHILE AT WORK AT	WORK	STREET, FACTO	AY, FARM, ETC.)	592	RODVA	6 1 A	CITY OR TOWN	1. 1 K	YIMU	STATE
	T 38 4 5 2	31	AI WORK AI	WORK		-1110	1010	D	NOIN	BUMES	OFF FU	04/6	
	EXAMINER: CERTIFICATION BE FOR DIECTOR: , WITH THE		22a I certify tha	it I taak charg	e of the remains desc	ribed abave, held an	Autaps	у 🔲 . Іг	spection .	Inquiry C	and in my a	pinian	
	ME WITE		death resulted fro	m: Natur	al causes 4,	Accident . , Si	iicide 🔲,	Hamicide	Unde	termined manner			
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	소류성소년· -		SIGNATURE 4	10000	0000011	unce	2 M	o Ded	MEI MEI	DICAL EXAMINER	DATE	ED 12/19	(8)
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	TO MEDICAL EX. EXECUTE THE CER PAGE 4 SHOULD TO FUNERAL DIS AFTER DEATH, W BALLMORE, MAI	23a.B	URIAL, CREMATION	,REMOVAL 2	3b DATE	23c. NAME OF CE			23d L	OCATION			
07/84		- (:	Burial		Dec.				CIT	Y OR TOWN	COU		TATE
25M	DI	24 F		Rober					Cem. A.	rlington Y REGISTRAR 25b	REGISTRAR'S	Virgin SIGNATURE	.1a_
	DHMH - 17	В	ethesda-C	hevy C	hase, Inc.	rey Funera 7557 Wisc	onsin	Ave n	EC 4 4	4007 Mul	in Dando	Mr. Kandal	
	(VR A15 ME (5))]	Bethesda,	Maryland	20814		PO 11	1301			

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH A

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REG. NO.			

-		REGISTRAN						10	REG. NO.		
C -8	87	ORPRINT)	FIRST	٨	AIDDLE	X	.000	1	20. DATE OF DEATH MONTH D	- 4	26 HOUR
		MAR	IA		K.	H	MEIN		12-0		2:30 8.M.
	3. SEX			4 RACE	•	5. DATE O	DAY	YEAR		ONTHS DAYS	HOURS MIN.
200	1	emale		Cauca		03	22	19	(00 YRS.		
/		RTHPLACE (STATE OR FO	REIGN	U.S.	WHAT COUNTRY?		NEVER MA	ARRIED 🗆	Montgomery	OF DEATH	
0	-	TY OR TOWN OF REAT	Н		OSPITAL, NURSIN	WIDOWE		DRCED	9	Tak Kikipaa	MD MD
	TA	HOMA PAK	K	WASH,	HEACILITY, GIVE STREET	ADDRESS)	ITIST	UTION	(TYPE OF WORK FOR MOST OF WORKING LIFE)	mploye	d Worker
35	13a S		Mont	gomery	Bethesda	ADMISSION)		_	13e.STREET ADDRESS / ZIP CODE 7914 Glenbrook	Road	20814
O	14. FA	Frigyes		MIDDLE	Kungl		15. MOTHER'S A	abeth		nmerm	lan
medicon		VAS DECEASED EVER II		MED FORCES? E WAR OR DATES)	220-32-6		Maria A	A. Perl	kins (daughter) 490	5 Cush sington	ing Drive, Md.
event, the		18 CAUSE OF DEATH PART I. DEATH WA		ly one couse per D 8Y: E C AUSE (o)	line for to), (b), and	SIS			20890	BETWEEN	MATE INTERVAL DNSET AND DEATH
ofic				DUE TO OF	R AS A CONSEQUE	NCE OF					
and		Conditions, if ony, gove rise to imme couse (01, stating underlying couse	ediote	DUE TO, OF	R AS A CONSEQUE	NCE OF					
, ,		PART 2 OTHER SIGN	FICANT	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	O,THE JERMI	NAL DISEASE OR CONDITION GIVE	N IN PART 10	
5	0	renal	fa	ilure,	(2000 es	othe	real	tta	elune		
X	CERTIFICATION	DATE OF OPERATI	200	CONDI	DNONY	OPERATION				WERE FINDIN ING CAUSES	
9		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA	USE OF DE	TH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJU	JRY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT I OR PART 2)	
ked or it	MEDICAL	21d. INJURY OCCURRE	D	21e. PLACE C			21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
ы s 1 %		22a. certify that (I) (sow the decease above, (I) (we) (di	this hospi	12-3	10 8	6-11	d that in (my) (0	19 817	eath occurred on the date and hour		that (I) (we) lost couses stated
		276. SIGNATURE) () r gech	at	MT	DEGREE ATT	TENDING Y	MEDICAL STAFF DIRECTOR PHYSICIAN	120 DATE	3-87
MPORIANI:		22d PHYSICIAN'S NA	NE ITYPE O) rquh	art		27e ADDRESS	moo	11 cal Center	DRR	ochuillo M
5	23a 8	urial, cremation, r Burial	EMOVAL	23b. DÂTE 12/	5/87 33c.N	Gate	METERY OR CR of Heave	en Cem	eterý romown Silver	Spring,	Maryland
7/84	24 FU	JNERAL DIR FYSOT 331 Rockvil	Whe le Pi	eler Fu ke, Rock	neral Hom ville, Md	ne, Inc.	2.	25a. DATE	REC'D. BY REGISTRAR 256. REGISTR	AR'S SIGNAT	HRE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate by a secretal within 24 hours after death. Page 4 may be 🕜	
RECOR		low red	. c
FVITAL		IAN: The	physicion
DIVISIONO		NDING PHYSIC	retained by the haspital or attending physician.
		OR ATTE	haspite
		HOSPITAL (sined by the
		0	reto

STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATHS

· 2 6	0	4	8
REG. NO.	0		

3. SEX		14. RACE 5.	. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	987 PEAR TOURS
F	TEMALE	WHITE	08°TH 17' 1910	77 YRS	MONTHS DAYS HOURS MIN
97 N	RTHPLACE (STATE OR FOREIGN OUNTRY)	U.S.A.	MARRIED NEVER MARRIED DIVORCED DI	9 BALTIMORE CITY OR COUN MONTGOMERY	
B	TY OR TOWN OF DEATH	9125 KITTERY LAN	NE'	128 USUAL OCCUPATION (TYPE OF WORKING HOUSEWLFE	12b. KIND OF BUSINESS C INDUSTRY HOME
130. S		GOMERY 13 BETHESDA	13d INSIDE CITY LIMITS? YES NO	9125 KITTERY	DE 208/
	THER'S NAME PHILIP A	AÜĞÜSTIN SCHOLI	L MARTHA	ZERELDA	HENDERSON
16a W	(AS DECEASED EVER IN U.S. A	RMED FORCES? IND. SOCIAL SECURITION (NE WAR OR DATES) 213-48-929		ADDRESS lerson Same as i	tem # 13
event, th	PART I. DEATH WAS CAUS	only one couse per line for (q', i) sind (i ED BY: NTE C AUSE (a)	tre faile	n	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO DEA	CE OF	Cauces Almal disease or condition of	Tyear GIVEN IN PART 110
8 shows ony injur	19a DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \(\text{ NO } \)
-01	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFELTHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	AIR	YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
# / 12	ZIU INJOKI OCCORRED	(AT HOME, STREET, FACTORY, OFFICE FARM		CITY OR TOWN	COUNTY STATE
orked o	AT WORK NOT WHILE AT WORK		1	7	77
n 21 is marke	22a.l certify that (I) (this hosp saw the deceased alive a abave, (Mwe) (did) (alid n	n 19 19 19 19 19 19 19 19 19 19 19 19 19	, 19 S	, to Decube death occurred on the date and h	. 19 T. that A (we) I cause and from the causes stated
Dept. of Health of them 21 is marke	22a.l certify that (I) (this hosp saw the deceased alive a above, (Janwe) (did) (stid in 22b. SIGNATURE	n Dlee 4 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE ATTENDING PHYSICIAN	, to Decube	. 19 22. that A (we) la
ofe Dept. of Health o	22a.l certify that (I) (this hosp saw the deceased alive a abave, (Mwe) (did) (alid n	n Dlets 1 19 19 19 19 19 19 19 19 19 19 19 19 1	DEGREE ATTENDING PHYSICIAN	death accurred on the date and h	that (we) ke laur and from the causes stated

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Fingeria	1 1 5	At so	• Mac)	b Land Cold	N.
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STATE OF MARYLAND

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ottending physicion and completely filled in by the follower corban papers. Pages 1 and 2 should be filed with

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR	. DE	PARTMENT OF	EALTH AND MENTAL HYG	IENE				
	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	O / REG. N	76	0 1	- 0	
-	DELEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DA	Y YES	2h HOUR	-
	(TYPE OR PRINT) ALFREI	LARS	ARON	SON	DECEME	BER 25,	1987	6:00	P _M
	3 SEX	T4 RACE	S. DATE O		6. AGE (IN YEARS LAST BI		UNDERTYEAR	IF UNDER 24 H	
			MONT		W. ACE (WITCHISTASIBI		INTHS DAYS		AIN.
	MALE	WHITE	AUGU	ST 27, 1933	54				
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	MARRIE	D E NEVER MARRIED	9 BALTIMORE CITY	DR COUNTY C	OF DEATH		
1	New York	USA	WIDOWI		MONTCOME	RY COU	NTY		MD.
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		OR OTHER INSTITUTION	12a USUAL OCCUPAT		126 KIND O	F BUSINESS	OR
1	BETHESDA		INICAL C	ENTER	Doctor	Dr. MOKKING FILE		icine	
1	USUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)				1100	HKM3	1
-	CALIFORNIA 136 COU		A DEL R.	13d. INSIDE CITY LIMITS?	4139 VIA		#1203,	00202	/
1	14 FATHER'S NAME	THAKIN	A DEL K.	15. MOTHER'S MAIDEN NAM		MILIM	111203,	90232	_
Ì	FIRST		ST	FIRST	WIDDLE		Zwi	. 1.	
_	LOUIS 160 WAS DECEASED EVER IN U.S. A		nson	Edith	ADDR	r.c.c	ZW1	CK	
1		VE WAR OR DATEST	L SECURITY NO.	Nrs. Elizabet			'ama ac	Dott	A
)		121-2	6-8569	mis. Elizabet	.II Alonson	wire, 5			
	18 CAUSE OF DEATH (Enter o	nly one cause per line far (0),	(b), and (c),1				BETWEEN	MATE INTERVAL	TH
	PART I. DE ATH WAS CAUS	TE CAUSE (a) Car	diopulmo	nary arrest					
			ICEOUENICE OF						
	Conditions, if any, which	DUE TO, OR AS A CON	er failu	re			1 1	nonth	
V	gave rise to immediate	(b)							_
Ì	couse (0), stating the underlying couse lost.	DUE TO, OR AS A CON	isequence of	istocytic lymr	homa		16 .		
ŗ		107						years	
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	N IN PART Ho		
_	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING								
	19a. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN		
_	111				YES 🖾 NO	YES		NO 🗌	
		216. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	T I OR PART 2)		
	(IF EITHER NOTIFY MEDICAL EXAMINE	MIN .	19						
	OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 216 INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TO	NAME OF THE PARTY	COUNTY	STATE	
	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC)	ZIKEEI	CITORIC	WN	COUNTY	STATE	
	22a I certify that № (this hasp	ital) attended the deceased	from DECEMB	ER 1 1987	to DECEMBE	R 25 19	87	hat X (we)	lost
	saw the deceased olive or	DECEMBER 25	0 /	nd that in (MG) (aur) opinion d	leoth occurred on the d	ate and haur c	and from the	ouses stated	031
	22b. SIGNATOR	view the body after death.		DEGREE			122c DATE		_
	1/1/1/1	- 7	()	ATTENDING	MEDICAL STA	FF .	12/-	1/0	7_
_	1961/				DIRECTOR PHYSIC		14/2	.6 [89	
*	274 HYSICIAN'S NAME THE	On Parents	1. 5	22e ADDRESS NATION				, CC,	9000
	Michael 1	osenbero	my	ROCKVILLE PIR				20892	
	230 BURIAL, CREMATION, REMOVAL	. 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION				=
	Cremation	12-28-87	Lee's	Crematory	Washing	ton	COUNTY	D.	

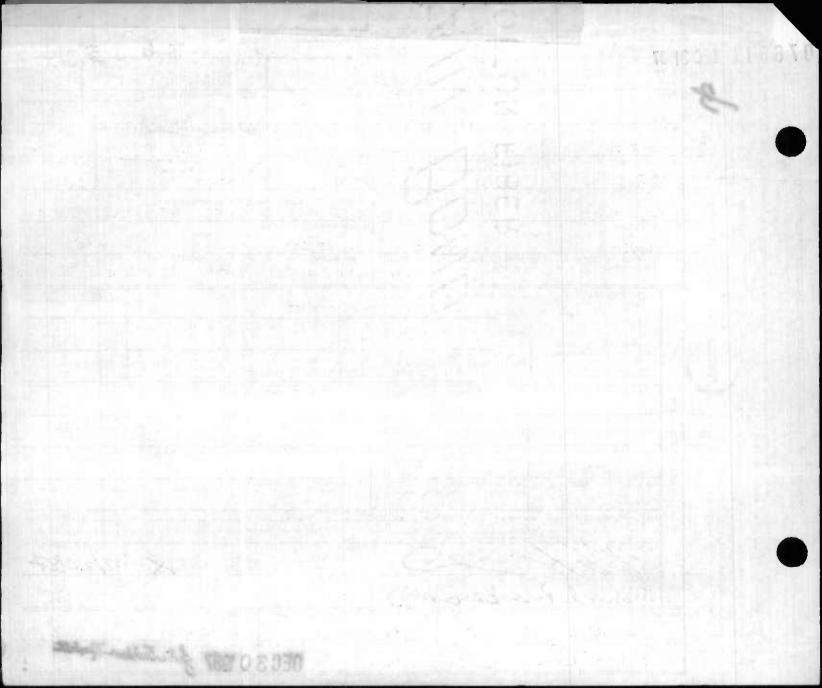
DHMH - 16 60M 7/84 (VRA 15, 4)

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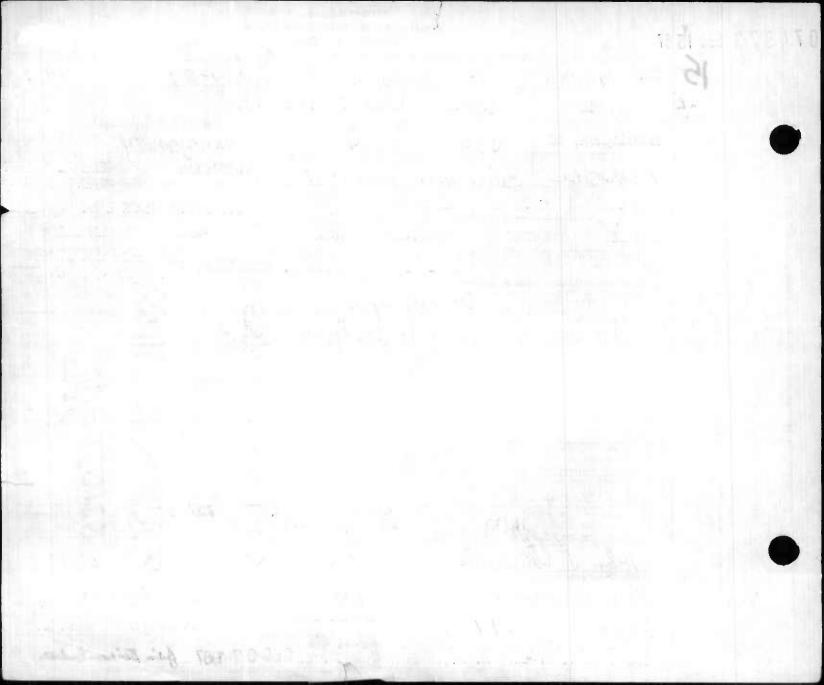
TO FUNERAL DIRECTOR: After this certificate has been sign should be detached for use as the buriol-transit permit. The with the State Dept. of Health and Mental Hygiene prior to IMPORTANT: If Item 21 is marked or Item 18 shows any injury.

14 FUNERAL DIRECTOR MARSHALL'S FUNERAL HOME, INC.
4217 Ninth Street, NW Washington, D.C. Washington, D.C.

250. DATE REC'D. BY REGISTRAR USB. REGISTRAR'S SIGNATUS



74	973 DEC	15		8,FilmG638 FOR STATE REGISTRAR	3 4/6,	/88 kam	DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENF 87	-360	51
V	4 moy be or, poge 3 ofter death	3		- 7 .007	FIRST 185	G.	AITE A	CONSTECT S. DATE CO		20. DATE OF DEATH 12-1-87 6. AGE (IN YEARS LAST BIR) 82	7	7.46A M TYEAR IF UNDER 24 HRS DAYS HOURS MIN.
•	r death. Page funeral direct ithin 72 hours	2 of our	W	RTHPLACE (STATE ORF UShington,	DC	76. CITIZEN OF	WHAT COUNTR	MARRIE		1 BALTIMORE CITY O	mery	MD. KIND OF BUSINESS OR
ID 21201	24 hours ofter lled in by the uld be filed wi	nost be riotifie	USUA	Bethesde ARVLAND	2_ ING HOME OR	SUBLA OTHER INSTITUTION.	HEACILITY, GIVE STR	ORE ADMISSION)	. , ,	130. STREET ADDRESS 8315 NORTH	F WORKING LIFE) IN THE	ENERAL RACTICE ANE 20814
MARYLAN	ampletely fi	exominer	I4. FA	THER'S NAME SRAEL	GUT	MAIN	ARONS		15. MOTHER'S MAIDEN NAM TOBA FIRST	FAGA	M	ENDELSON
LTIMORE,	be execut	e medicol	16a W	AS DECEASED EVER	(IF YES, GIV	E WAR OR DATES	579-6	7-1666	MOSHE G. AR	ONSTEIN, FA	R ROCKAWA	8th STREET AY, NEW YORK APPROXIMATE INTERVAL ETWEEN ONSET AND DE ATH
DS, 201 W. PRESTON ST.,	quires that the death certific signed by the attendum phen please remove cotto men to burial, cremation, or terms	njury, or other traumatic ever	NO	Conditions, if ony, gove rise to imm couse (a), statin underlying couse	which nediate g the lost	DUE TO, OF	RAS A CONSECUTION OF AS A CONSECUTION OF A CONSEC	DUENCE OF DUENCE OF	what ace i a		DITION GIVEN IN P	ART Ito
TAL RECORDS	The law re ician. Te has been isit permit.	ou's	CERTIFICATION	19a DATE OF OPERAT				CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	YES 🗌	AUSES OF DEATH?
DIVISION OF VI	SICIAN ng phy certific uriol-tr	m 21 is morked or Hem 18	CAL	OR CONTRIBUTING CO	CALEXAMINER RED (this hospi	HOUR A.I P.I 21e PLACE ((AT HOME, STR	M. MONTH M. DE INJURY EET. FACTORY, OFFICE deceosed from	19 (E. FARM, ETC.) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (7) (8) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	211. LOCATION STREET 3 , 19 3) and that in (my) (mail opinion	CITY OR 10	wn cou	, that (1) (we) lost om the causes stated
	TO HOSPITAL OR retained by the hor TO FUNERAL DIRE should be detached with the Stote Dept	MPORTANT: If Her		226. SIGNATURE ALON J 226. PHYSICIAN'S NA ALAN S			h		22e ADDRESS	MEDICAL STAP	FE CIAN .	LINESIGNED
	BP			urial, cremation, BURIAL	REMOVAL	23b. DATE 12/2/	1987	ADA'S OF	TRAIET OCHNOREGA	TON CHY WASHI	NGTON COUNT	D. C.
	DHMH - 16 50M 1/ (VRA 15, 4)	B1	24 FU	DONAPLIOCIAIR. 232 CARROL	STEIN L STR	HEBREW REET, N.	MEMORI W., WA.	AL FUNI SHINGTO	RAL HOME 250 DAT DN, D. C. DEC	E REC D. BT REGISTRAR	25b. REGISTRAR'S S	



FOR

3. SEX

FOR t' STATE REGISTRAR	DEPA	RTMENT OF HE	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	B REG. NO	5052
(TYPE OR PRINT) ARULLE	ulanandami ANANDAM	ARUL	SIGAMONI SIGAMONI	20 DATE OF DEATH MONTH DAY	-87 2 PM
3. SEX Male	4. RACE Indian	5. DATE OF	F BIRTH DAY YEAR A A	6. AGE (IN YEARS LAST BIRTHDAY) IF U	INDER I YEAR IF UNDER 24 HRS
On BIRTHPLACE (STATE OR FOREIGN COUNTRY) India	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED WIDOWED	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF Montgomery Count	
Silver Spring	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH EACHLITY, GIVE S' HOLY Cross Ho	TREET ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR
SUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COUNTY Maryland Mont	NTY 13c CITY OR 1			136 STREET ADDRESS / ZIP CODE 502 East indian S	20901
FATHER'S NAME FIRST A.	Arulsigam		15. MOTHER'S MAIDEN NA/ FIRST Mariammal	MIDDLE	Unknown)
160 WAS DECEASED EVER IN U.S. AR 14ES, NO OR UNKNOWN) (IF YES GI	RMED FORCES? 166 SOCIAL S VE WAR OR DATES) 220-50		17 INFORMANT Paul Kumar,	ADDRESS 180 Mallorka Way San Francisco, CA	94123
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c)	e ~ oc EQUENCE OF	erded infa	dio-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH / S A S .
part 2 OTHER SIGNIFICANT	1 1 1	~ella		INAL DISEASE OR CONDITION GIVEN	IN PART IIa

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ DUE TO, OR A Canditions, if any, which (b)_ gave rise to immediate cause (a), stating DUE TO, OR A underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CON IFICATION

190 DATE OF OPERATION 146 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION

COUNTY CITY OF TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK 22a.1 certify that (1) (this haspital) attended the deceased fram

saw the deceased alive an_ and that in (my) tourhopinian death accurred an the date and have and from the causes stated above, (1) (we) (did) (did) wiew the bady after death. DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL PHYSICIAN PHYSICIAN

incolni

231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL CREMATION, REMOVAL 23b DATE CITY OF TOWN (SPECIFY 12-23-87 Burial Gate of Heaven Cemetery Silver Spring, Maryland

20010

24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE Richard Rapp, Inchiess Line Parkers P. O. Box 43352, Washington, DC

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRECTOR

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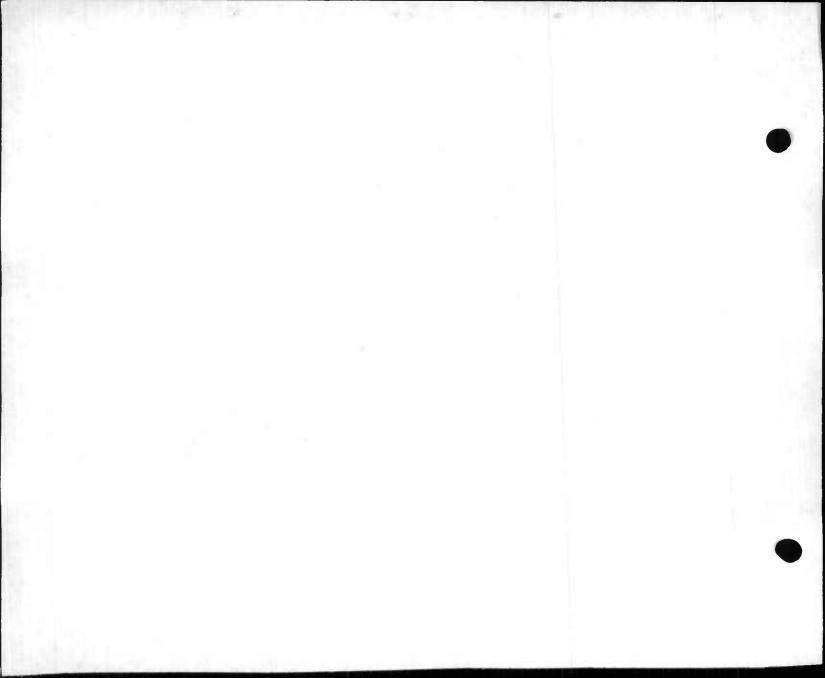
100

CREANT

Line in The Manager Manager A

1000

CERTIFICATE #87 36053



Money & King Vienna Funeral HOme, Vienna, Va

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

BOLD SHARE TO BE TO BE TO BE STANDING 2 1888 "CT THE PROPERTY

07:6183

STA	TE OF	MARY	LAND

DEPARTMEN'	T OF	HEALTH	AND	MENTAL	HYGIENE		
CI	RT	IFICATI	OF	DEATH			

FOR			DEPARTN	NENT OF H	EALTH AND MENTAL HY	GIENE			
- STATE				CERTIF	CATE OF DEATH	RPG. NO.	5 5	0 5 5	
1 DECEASED NAME	FIRST		MIDDLE	- 1.	AST	20. DATE OF DEATH MONT	H DAY YEA	P 26 HOUR	
(TYPE OR PRINT)	Arth	ur	G.	Ball	Jr.	December 22,	1987	8:00P M	
3 SEX		4 RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)		EAR IF UNDER 24 HRS	
Male	e Caucasi		an	Jan 20 1923		64	YRS DA	HOURS MIN.	
			76 CITIZEN OF WHAT COUNTRY?		ME NEVER MARRIED	Montgomery County, MD.			
Maryland_		United	d States widows						
			F HOSPITAL, NURSING HOME OR OTHER INSTITUTION			12a USUAL OCCUPATION		D OF BUSINESS OR	
		9212 Ad	elaide Dr	ive		Engineering	11	Gov't	
USUAL RESIDENCE (IF NO 13a. STATE Maryland	113b COUN		Bethesda		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP 9212 Adelaid		20817	
14 FATHER'S NAME					15 MOTHER'S MAIDEN NA			MA LA COLLA	
Arthur G. Bal			Sr.		Blondy	E.	Burroug	Burroughs	
160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) (18 YES, GIVE WAR OR DATES			166 SOCIAL SECURITY NO. 17 INFORMANT		ADDRESS				
(YES, NO OR UNKNOWN) Yes	WW1		217 18 28	363	Pauline L.	Ball Wife Same	as item	13	
18 CAUSE OF DEA	ATH (Enter on	nly one couse per	line for (a), (b), and				BETWI	ROXIMATE INTERVAL EN ONSET AND DEATH	
IMMEDIATE CAUSE (0) COCON CANCER							/	year	
DUE TO, OR AS A CONSEQUENCE OF								0	
Conditions, if or	ny, which	(b)_	K AS A CONSCOUR	NCL OF					

18 CAUSE OF DEATH (Enter only one couse per line for (0), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) COCON CAPACER ON COER	BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (16)	
gove rise to immediate couse (o), stating the underlying couse last	

90 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED					20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH	
				YES 🗌	NOXX	YES 🗌	NO 🗌
2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	LIBERT A LL LIBERTIN B LL LIBERT		21c. HOW INJURY OCCURRED	D (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)			
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					

21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

12 22 220.1 certify that (1) (this hospital) attended the deceased from , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226_SIGNATURE 22c. DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Dec. 23,1987 17e ADDRESS

Daniel Rosenblum, M.D.

10400 Connecticut Avenue Kensington, MD

230 BURIAL, CREMATION, REMOVAL	23b. DATE	236 NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION	
	Dec.23,1987	Montgomery	Crematorium	Bethesda	
24 FUNERAL DIRECTOR Robert NAME Bethesda-Ch Bethesda, N	A. Pumphrey nevy Chase Argaryland 2081	Funeral Hom nc. 7557 Wi	sconsin	Z 24BY 1987RAR	256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

D FUNERAL DIRECTOR: After this certificate has sould be detached for use as the burial-transit per ith the State Dept. of Health and Mental Hygiene p

MPORTANT: If Item 21 is

ATTENDING

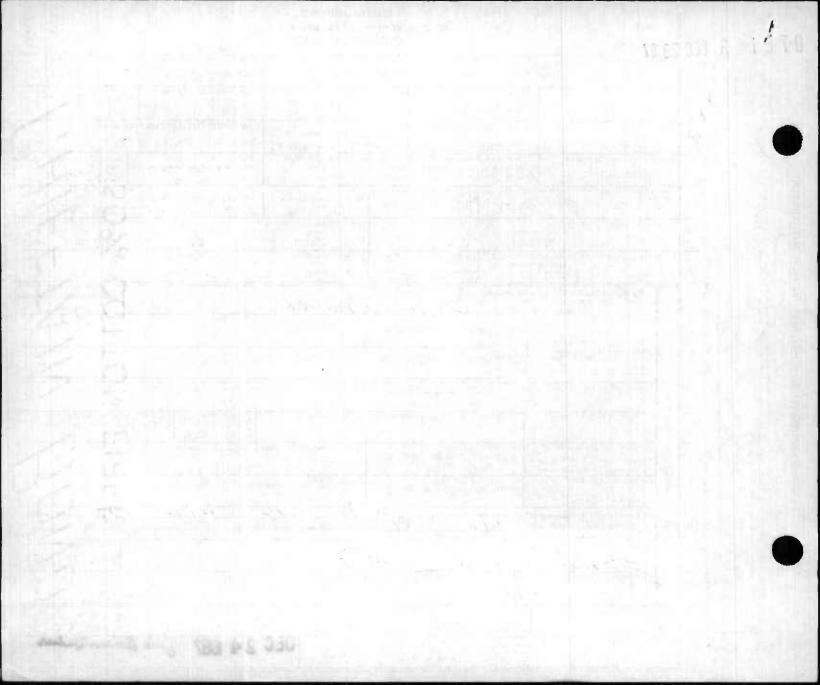
O HOSPITAL OR

etoined by the hospital ar

BP.

to burial,

CERTIFICATION



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED 0742號範EC 6. AGE (IN YEARS IF UNDER 24 HRS. ?c DATE LAST BIRTHDAY) MONTHS HOURS PRONOUNCED 008-27 DEAD YRS 9. BALTIMORE CITY OR NEVER MARRIED MARRIED DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 134 INSIDE CITY LIMITS? 3e STATE FATHER'S NAME MOTHER'S MAIDEN NAME MIDDLE LAST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (FYES, GIVE WAR OR DATES) 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Vand IMMEDIATE CAUSE (a). Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. USED AS A BURIAL OF HEALTH AND M PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TE WRITING THE WORD WARNED TO THE CHEE PAGE 3 SHOULD BE USE E STATE DEPARTMENT OF 10 21201 PRIOR TO BURIA YES 🗌 NO. 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S Inspection 22a I certify that I took charge of the remains described above, held on Autopsy and in my apinion Notural causes death resulted from: Suicide Hamicide __ Undetermined monner TITLE (SPECIFY) SIGNATURE W MEDICAL EXAMINER EXAMINER'S NAME TYPE OF PRINT) ADDRESS 236 LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE 23¢ NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial Dec Suitland Rd 07/84 DEC - 4 1987 **DHMH - 17** (VR A15 ME (5))

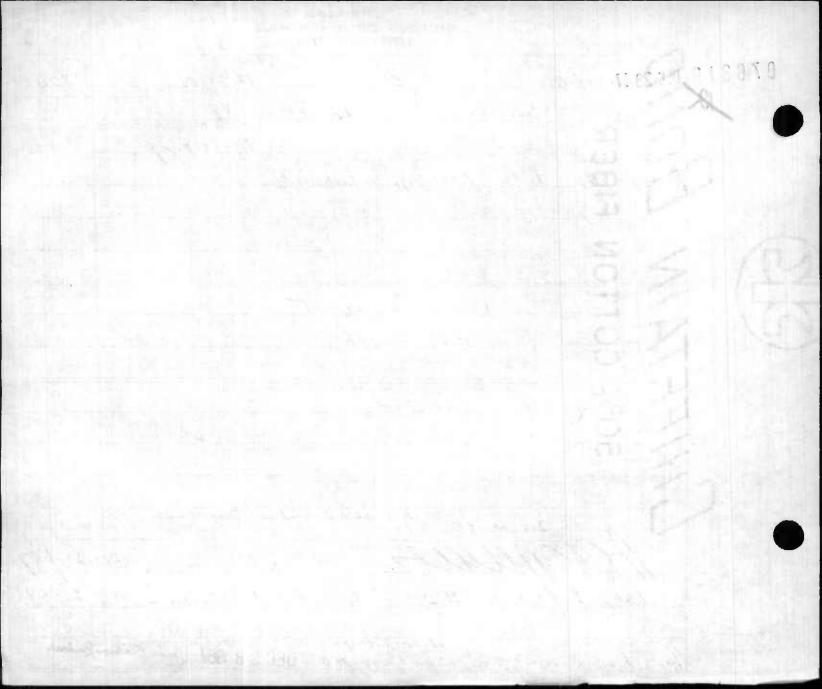
Charles C. Ballard Land THE WAY ON A SHARE HELL MAN THE WEST Company of the Company District Land Land Control of the Co Taxanasas L 1 1 2 1 2 1 2 1 2 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1

STATE OF MARYLAND

STATE OF MARYLAND

1	1 - STAT	TE ISTRAR			DEI AKI		HEALTH AND MENTAL HYC FICATE OF DEATH	8 mode		6	0 3
1	DECEASE		FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOL
9	TIF CO	d Az	100	Rooming			15/25/0	7		112	
1	SEX	DIEDLA	vdoR.	4 RACE		IS DATE O	OF BIRTH	6 AGE IN YEARS (AST BIR	THDAY) IF L	JNDER I YEAR	IF UNDER
V	A	1.1.		1		MONT		del	MON		HOURS
7	a BIRTHPL	ACE ISTATE OR	CONTICAL	Can Casi	WHAT COUNTRY	2 8	10 11	9 BALTIMORE CITY C	YRS P COUNTY OF	DEATH	
71	COUNTR	Y)		11000-111	WHAT COUNTRY	MARRIE	ED TO NEVER MARRIED	N T	K COOM TO	DEATH	
4	A CITY OD	Russ		USA	LIGGORIAL ABIRCO	WIDOW		170N1901	yery		F BUS N
51	DELITOR	TOWN OF DE	AIH	OUF NOT IN SUC	THE FACILITY, GIVE STREET	T ADDRESS)	OR OTHER INSTITUTION	12ª USUAL OCCUPAT		126 KIND C	Dr BUSIN
1/	ochi	110	D	10/0Ha 0	Valley,	NS9, C	Tri Kockvilled	Retired		US G	ovt.
1	30. STATE	IDENCE (IF NUR	13b COUN		GIVE RESIDENCE BEFO	RE ADMISSION) WN	1134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
1	Mar	yland	Mont	gomery	Chevy (Chase	YES X NO	3802 Unde		t.,	20
2	4. FATHER	SNAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		141	C1
1	Gre	gory		······································	Barmine	5	Tatian			Ganke	vich
				MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR			
	YES NO	OR UNKNOWN)		WW11	093-16-1	1885	Halyna Barmin	e-wife-(sam	e as 13	e)	
1	18 C	ALISE OF DEAT	H (Enter on	ly one cause ner	r line far (a), (b), a	nd ic					ONSET AN
-1	Ρ.	ART I. DEATH V	VAS CAUSE	D BY: TE CAUSE (a)	Resourat	desire.	Arrest				
	çav	ditions, if any e rise to im se (a), stati erlying cause	mediate ng the	(b)_	R AS A CONSEQUER AS A CONSEQUE		CVA				
	caus	e rise ta im se (a), stati	mediate ng the e last.	(b)	Stroke R AS A CONSEQU	UENCE OF	CVA	AINAL DISEASE OR CON	DITION GIVEN	IN PART TO	a
	PART	e rise ta im se (a), stati erlying causi	mediate ng the e last. NIFICANT ((b) DUE TO, O	Stroke R AS A CONSEQU	UENCE OF DEATH BUT OTION	CVA T NOT RELATED TO THE TERM ON WAS PERFORMED	MINAL DISEASE OR CON	20b. IF YES, W	VERE FINDI	NGS USE
2	PART	e rise to imise (a), statiedlying cause	mediate ng the e last. NIFICANT ((b)	Stroke R AS A CONSEQU	UENCE OF DEATH BUT OTION		20a AUTOPSY?	206. IF YES, W	VERE FINDI	NGS USE
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2	PART 19a D	e rise to im e (a), stati ellying cause 2 OTHER SIG ATE OF OPERA ACCIDENT WAS UN DONTRIBUTING	mediate ng the e last. NIFICANT C THON DERLYING C CAUSE OF DEA	(b) DUE TO, O (c) CONDITIONS CO 196 COND 196 COND HOUR A.	R AS A CONSEQUENCE TO THE PROPERTY OF THE PROP	DEATH BUT OF THE PROPERTY OF	ON WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, W IN CERTIFYIN YES [VERE FINDING CAUSES	NGS USE
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71	PART 19a D 21a. / 19a D 21d 11	e rise to im section static ellying cause 2 OTHER SIG UP 1 M ATE OF OPERA ACCIDENT WAS UNDONTRIBUTING	mediate ng the e lost. NIFICANT (LANT (LANT (LANT (LANT (LANT (LANT (LANT (LANT (LANT (LANT (DUE TO, O CONDITIONS CO TreeT 196 COND ATTH ATTH P. 21e PLACE	R AS A CONSEQUENCE TO THE PROPERTY OF THE PROP	DEATH BUT TO A H OPERATIO DAY YEAR 19	ON WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYIN YES [VERE FINDING CAUSES	NGS USE S OF DEA NO [
71	PART 190 D 21d II	e rise to im section (section) statistics (o), statistics (o) stat	mediate ng the e lost. NIFICANT (LFY ITION DERLYING CAUSE OF DEA ICAL EXAMINER RED HILE DRK	DUE TO, O (c) CONDITIONS CC TrecT 19b COND ATH HOUR A. (b) 21b TIME C HOUR A. (c) 21c PLACE (AT HOME STI	R AS A CONSEQUENT ON TRIBUTING TO LANGE TO THE CONTRIBUTION FOR WHICH OF INJURY M. MONTH E. M. OF INJURY REET, FACTORY, OFFICE	DEATH BUT O DEATH BUT O DEATH BUT O DAY YEAR 19 FARM. ETC.)	216 HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	206. IF YES, WIN CERTIFYIN YES [VERE FIND IN NG CAUSES 1 OR PART ?)	NGS USE S OF DEA NO
71	PART 190 D 21a, 19 C 21a, 19 E 21a III	e rise to im section static ellying cause 2 OTHER SIG UP 1 M 2 ATE OF OPERA ACCIDENT WAS UNDOWNERBUTING CUITER NOTIFE MEDITY MEDITY OCCUR. NOT WAS UNDOWNER CONTRIBUTING CUITER	mediate ng the e last. NIFICANT (LANT (LA	DUE TO, O (c) CONDITIONS CO 19b COND 21b. TIME CO HOUR A. P. 21e. PLACE (AT HOME STILL tall) attended the	R AS A CONSEQUENT ON TRIBUTING TO LAST AND THE CONTRIBUTING TO LAST AND THE CONTRIBUTING TO THE CONTRIBUTING TO THE CONTRIBUTION OF INJURY PREST, FACTORY, OFFICE THE CONTRIBUTION OF INJURY PREST,	DEATH BUT OF TO A H OPERATIO DAY YEAR 19 FARM. ETC.)	214 HOW INJURY OCCUR 214 LOCATION STREET	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU-	20b. IF YES, WIN CERTIFYIN YES [RY IN 11EM 18 PART	VERE FINDING CAUSES 1 OR PART ?) COUNTY	NGS USE 6 OF DEA NO [
71	PART 190 D 21a. / PR 21d.	e rise to im to lot in the lot of	mediate ng the e last. NIFICANT (LANGE OF DEA ICAL EXAMINER RED HILE I) (this haspi sed alive an	DUE TO, O (c) CONDITIONS CC TrecT 19b COND ATH HOUR A. (b) 21b TIME C HOUR A. (c) 21c PLACE (AT HOME STI	ONTRIBUTING TO TAFE WITTON FOR WHICH OF INJURY M. MONTH E M. OF INJURY REET, FACTORY, OFFICE THE deceased from THE CONTRIBUTION	DEATH BUT OF TO A H OPERATIO DAY YEAR 19 FARM. ETC.)	216 HOW INJURY OCCUR 211 LOCATION STREET 214 LOCATION STREET 215 LOCATION STREET 217 J9 J7	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU-	20b. IF YES, WIN CERTIFYIN YES [RY IN 11EM 18 PART	COUNTY	NGS USES OF DEA
71	PART 190 D 21a. / OR CC 19 E 21d II	e rise to im to lot in the lot of	mediate ng the e last. NIFICANT (LANGE OF DEA ICAL EXAMINER RED HILE I) (this haspi sed alive an	DUE TO, O (c) CONDITIONS CO Treat 19b COND 21b. TIME CO HOUR A. P. 21e PLACE (AT HOME STI	ONTRIBUTING TO TAFE WITTON FOR WHICH OF INJURY M. MONTH E M. OF INJURY REET, FACTORY, OFFICE THE deceased from THE CONTRIBUTION	DEATH BUT OF TO A H OPERATIO DAY YEAR 19 FARM. ETC.)	216 HOW INJURY OCCUR 211 LOCATION STREET 214 LOCATION ON STREET 219 21 1	200 AUTOPSY? YES NO PORTOR CITY OR TO to Decembed death accurred an the death accurred and the death accurred a	20b IF YES, WIN CERTIFYIN YES [RY IN ITEM 18 PART WWN 19, ate and haur at	VERE FINDING CAUSES 1 OR PART ?) COUNTY	NGS USES OF DEA
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1	PART 190 D 210. 190 D 220. 1 1 5 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e rise to imite to im	mediate ng the e lost. NIFICANT (LEFY CAUSE OF DEA CAUSE OF DEA CALEXAMINER RED MILE O (this hospi did) (did no	DUE TO, O (c) CONDITIONS CO TreeT 196 COND 216. TIME CO HOUR A. (b) 21e. PLACE (AT HOME STILL) total attended the priview the body OSTER	RAS A CONSEQUENCE ON TRIBUTING TO LA SECUENCIA DE INJURY M. MONTH E. M. OF INJURY REET, FACTORY, OFFICE DE deceosed from the control of the c	DEATH BUT ODEATH BUT ODAY YEAR 19 FARM.ETC)	216 HOW INJURY OCCUR 216 LOCATION STREET 217 LOCATION STREET ATTENDING PHYSICIAN 226 ADDRESS	200 AUTOPSY? YES NO PARED (ENTER NATURE OF INJUDENTED OF TO	20b. IF YES, WIN CERTIFYIN YES [RY IN ITEM 18 PAR? WN 19. TFF LIAN FF	COUNTY COUNTY	that (I) (I) causes st
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DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

07	8207 144	13	STATE BEGISTRAR				CERTIF	ICATE OF DEATH	3	REG. NO	3	5 0	1 5 9
0 1	o Z O I JAN		OR PRINT	EDNA		MIDDLE	BAF	RSKY		MBER	27,	1987	7:00A
20		3 SE	EMALE		4. RACE WHITE	= 13.34	S. DATE C	RIL 54, 1903	6 AGE IN YEA		MON1	HS DAYS	IF UNDER 24 HRS HOURS MIN.
	nerol dire	70 B1	RIHPLACE (STATE OR P	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED		GOMERY	UNTY OF		M
10	by the further days the further days the further hostified or hostifie		OCKVILLE	ATH				NE, APT. 504	120 USUAL OF	SEWIFE"		26 KIND O	HOME
AND 212	filled in ould be	13a S) M	AL RESIDENCE (IF NURS AKY LAND	13 MONT		13c. ROCK 19		13d INSIDE CITY LIMITS?	13e STREET AI	PONGRE	\$370N	AL LA	NE NE
MARYL	ompletely sod 2 s		THER'S NAME 10SHERST		MIDDLE	SETTENE		DINARST	AME	MIDDLE			ENBERG
IMORE,	Popes Col	16a V	VAS DECEASED EVER		MED FORCES? E WAR OR DATES!	16b. SOCIAL SECU		SHIRLEE R	ICKLIS,	T3301 ROCKVI	GRENC LLE	BLE T MARYI	PRIVE AND
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.				DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	NCE OF	Oct Orr	2, () The minal disease	or condition	DN GIVEN		MATE INTERVAL ONSET AND DEATH
F VITAL RECORDS	AN: The low requiphysicion. ricote hos been sitronsit permit. The	L CERTIFICATION	19a DATE OF OPERA	DERLYING [21b TIME C			N WAS PERFORMED		NOXX IN	CERTIFYING)	NGS USED OF DEATH?
DIVISION	NDING PHYSICIA I or ottending pl R After this certifuse os the buriol-theolth and metral is mort the or META. R. FRANC	MEDICAL	21d INJURY OCCUR! WHILE NOT WHAT WORK NOT WHO 22a I certify that (1)	RED	21e PLACE (AT HOME ST	M. OF INJURY REET, FACTORY, OFFICE F.	1	21f LOCATION STREET	, to	CITY OR TOWN	, 19		STATE that (I) (ye) for
•	to OR ATTER DIRECTOI Toched for Dept. of It If them 21		saw the deceose obove, (1) (400) to 27b. SIGNATURE	M	coll,	alter death	21	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		The Day	SIGNED >
	O HOSPITAL Storned by to O FUNERAL hould be de with the Storie WPORTANT:		DR. ROBER						SPRING	MARY	E LAND	SUIT	E 209
	20 == 3 13	23a E	SURIAL, CREMATION,	REMOVAL				LEBANON CEME			PR. G	FO.	MARVIAN

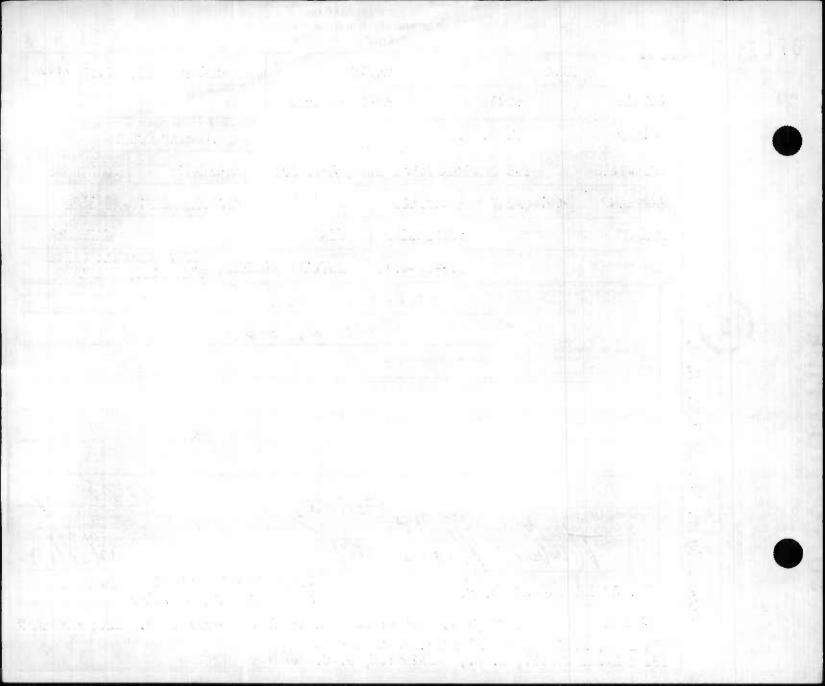
DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

²⁴ DONALDREMOR STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

12/30/1987

MOUNT LEBANON CEMETERY ADELPHI, PR. GEO., MARYLAND JAN 4 1988



76

		FOR
1	-	STATE

STATE OF MADYLAND

STATE OF MIARTEANS	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	-

	REGISTRAR		T	CERTII	FICATE OF DEATH	B REG. N	O. 12	0 () 0 0
	ECEASED NAME FIRST PE OR PRINT)		MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	26 HOUR
	Hel	en	A•	Bart	h	Dec.	29, 1	.987	8 am
3. SI	EX	4. RACE		5. DATE (OF BIRTH	6 AGE (IN YEARS LAST BIE		ONTHS DAYS	
9	Female	Whit	e	May		89	YRS		
7a 8	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	B AAA DDIE	ED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	Indiana	U.S.	Α.	WIDOW		Montgom	ery		M
10	CITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
C	hevy Chase	4615	N. Park	Aven	ue	Research E			iversity
	JAL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION		ADMISSION)	113d INSIDE CITY LIMITS?	13e.STREET ADDRESS			
130.	MD Mon	tgomery	Chevy Ch		YES NO T	4615 N. P.			0815
14 F	ATHER'S NAME				15. MOTHER'S MAIDEN NA	ME			
	Orla	Austin	Armfiel	d	Effie	C.		Claws	ion
160.	WAS DECEASED EVER IN U.S.		166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDR	ESS		
	(YES NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	306-42-4	678	Constance B.	Price, Sa	me add	ress a	s #13.
	18 CAUSE OF DEATH (Enter	anly one cause ne	line for (a) (b) and	(c)					XIMATE INTERVAL NONSET AND DEATH
	PART I. DEATH WAS CAU	SED BY.	Conges		e Heart Fa	lure		4	ar(
	IMMED	IATE CAUSE (a)	Conge		· Heart to			1	-21
	P. Strandill	DUE TO, O	R AS A CONSEQUE	VCE OF	[]			1000	
	Conditions, if any, which gove rise to immediate	(b)_	Hort	C J	LusattiAucy			47	ar
	couse (o), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF	9			J	
	underlying couse lost.	(c)							
	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO D	EATH BUT	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVE	EN IN PART 1	la
O									
CAI	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YES,	, WERE FINDS	INGS USED S OF DEATH?
TIFE						YES NO	YES		NO 🗆
CERTIFICATION	210. ACCIDENT WAS UNDERLYING			V VEAS	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PA	ART 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF	DEATH	.M. MONTH DA .M.	Y YEAR					
MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		21f. LOCATION				
ME	WHILE NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, FA	RM, ETC)	STREET	CITY OR TO	NW	COUNTY	STATE
	22a. I certify that (this ha	and and a second at	- d 1 &	4-	19.85	. 12 /-	9 ,	087	1 0 () 1
	sow the deceased alive	1		-	and that in (m) (our) apinian	death occurred on the d	ate and have	and from the	, that (I) (we) las
	abave, (1) (we) (did) (did	nat view the bady	after death.	, ,		acum occurred on the d	are and moor	-	
	226 SIGNATURE	0 4 11	(200 - IN	1	DEGREE ATTENDING &	/ MEDICAL STA	FF	22c. DATE	ESIGNED
	1/30	sect 1	Dell	0		MEDICAL STA	CIAN		
	22d. PHYSICIAN'S NAME (TYP				22e. ADDRESS				
ď	Rober	t H. Blee	9		5454 Wiscom	sin Ave., C	hevy C	hase,	ME
23a	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. N	AME OF (CEMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	Burial	1/5/8	BE	lwood	d City Cemeter		Indian		STATE
24 1	FUNERAL DIRECTOR JOSE	ph Gawle	r's Sons.	Inc	25a DAT	E REC'D. BY REGISTRAR	256 REGISTE	RAR'S SIGNA	
51	L30 Wisconsin A	ve. NW. Wa	shington .	D.C.	20016 JAN	4 1988	San d	Janden.	Lancel SOUR
							1		

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL OR

BP.

TO FUNERAL DIRECTOR. After this certificate has been uganed by the attending physical should be detached for use as the burial-transit permit. Then please remains carbon appears with the State Dept. of Health and Mental Hygiene prior is burial. Cremation, at remainal

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traumatic event

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atet Iniversi	Penentron Foot		. Park Trenu	F104	nery chase
Avenue/SumavA	was n. ear's	ж	euri vyed	nanco tuo	CDY
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Three, D	yon. , or the	5454 Escons		bert W. Blee	0
	y Dwood, Tad	Aty emoter		1/5/11 1/5/11	Le Fraid

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 2a DATE OF DEATH (TYPE OR PRINT) LUCY 28 BARTOLOMEO DECEMBER SEX 4. RACE 5 DATE OF BIRTH 6 AGE TIN YEARS LAST BIRTHDAY MONTH FEMALE CAUCASIAN DAY YEAR JUNE 10 1911 76 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED WASHINGTON, D.C. USA WIDOWEDIX DIVORCED MONTGOMERY IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) SILVER SPRING 10214 HAYWOOD DRIVE 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 HOUSEWIFE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE MARYLAND MONTGOMERY SILVER SPRING YES | 10214 HAYWOOD DRIVE NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST MIDDLE FIRST MIDDLE EMILIO **PALUMBO** TEODOLINDA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO **ADDRESS** 17 INFORMANT SON (YES, NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST NO 215-52-9893 NICHOLAS BARTOLOMEO/ROCKVILLE. 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c). PART I. DEATH WAS CAUSED BY CARDIAC IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF MYOCARDIAL Conditions, if ony, which gove rise to immediate couse (o), stoting INSUFFICIENC underlying couse CERTIFICATION TENSION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 200 AUTOPSY? 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) ∞ HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR LOWN STREET AT HOME, STREET, FACTORY OFFICE FARM ETC) AT WORK AT WORK 27a.1 certify that (1) (this haspital) attended the deceased from

MPORTANT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) BURIAL 24. FUNERAL DIRECTOR FRANCIS J. COLLINS. JR. DHMH - 16 60M 7/84 (VRA 15, 4) 500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

126 SIGNATUR

274 PHYSICIAN'S NAME DR. HAND

FUNERAL In the Stote

sow the deceased alive on 1949 above, (I) the body after death

231 NAME OF CEMETERY OR CREMATORY 23d LOCATION DEC 31, 1987 FORT LINCOLN CEMETERY BRENTWOOD PRINCE GEORGES AND 250. DATE REC'D. BY REGIN RAR 250. REGIS THAR'S SIGNATURE JAN

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

ATTENDING

DEGREE

22e ADDRESS

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

STAFF

4600 CONNECTICUT AVE. WASHINGTON, D.C.#109

26 HOUR

12b. KIND OF BUSINESS OR

LAST

BEAUVOIR COURT

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

win

STATE

BUONO

20b. IF YES, WERE FINDINGS USED

COUNTY

22c. DATE SIGNED

YES [

IN CERTIFYING CAUSES OF DEATH?

20902

IF UNDER I YEAR

INDUSTRY

9:41A

IF UNOFR 21 HRS

MD.

THE STATE OF THE S

075

STATE OF MARYLAND

8	REG. NO.	3	6	0	Ó	4

١	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	B REG. NO.	3 6	0	0 2
ŀ	FOE	EASED NAME FIRST		MIDDLE	t.	AST	20 DATE OF DEATH MONTH	H DAY YE	AR 2b I	HOUR
ĺ		ORPRINT) LILY		6	3MR1	JKH	12	48	7 5	is PM
Ì	J. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS D	YEAR IF UI	INDER 24 HRS
ł	FI	EMALE	WHIT		MONTH 7	29 18		YRS.		JAS MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		WIDOWE		9 BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY COUNTY			MD.
	SI	LVER SPRING		HOSPITAL, NURSIN		DROTHER INSTITUTION	TYPEHOUSEWES FEWORK			NE SINESS OR
N		REPLAND MONT	COMERY	STLIVER 03		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP	CODE 104 STRE	ET	20902
1		THER'S NAME	MIDDLE	SAUL		15 MOTHER'S MAIDEN NAI RACHEL		INASCERT	AINAI	BLE)
	160 W	VAS DECEASED EVER IN U.S. AR	MED FORCES? 'E WAR OR DATES)	166 SOCIAL SECU 216-86-3		RACHEL LEA	F, 19 SHAUBARK ROCKVILLE,	COURT MARYLAN	D	
		18. CAUSE OF DEATH (Enter or PART). DEATH WAS CAUSE IMMEDIA: Canditions, if ony, which gove rise to immediate	D BY: TE CAUSE (a)	A 4	pirat	. 0.			3 WE	,
		cause (01, stating the underlying cause lost.		acte m		did infaction	1		2 MG	inths
	NOI	9 Jucose - 6 - phosp	Lote deby	dragencee l	leticre.	ncy, chronic	rend msuffic	ivercy, :	stro	
1	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		IF YES, WERE F CERTIFYING CA YES [
)		? 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ALIP .		AY YEAR 19		RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PAI	RT 2)	
	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, I	FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUN	TY	STATE
		220.1 certify that (I) (this beep sow the deceased office are above, (I) (we) (did) and m	12/	4 19_	7.1	nd that in (my) (our) opinian DEGREE	death accurred an the date ar			
		Walsonature A.	aid	12		MO, ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	12	14/8	7 -
		MICHAEL A. L		, M, D.		10313 G-2052	Are Sirce 308 Sil	ver sprag	s M.S.	20902
		BURIAL, CREMATION, REMOVAL URIAL	12/6/	1987 N	NAME OF C	LEBANON CEMET	ERY ADELPHI, I	PR. GEO.	, MA	RYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

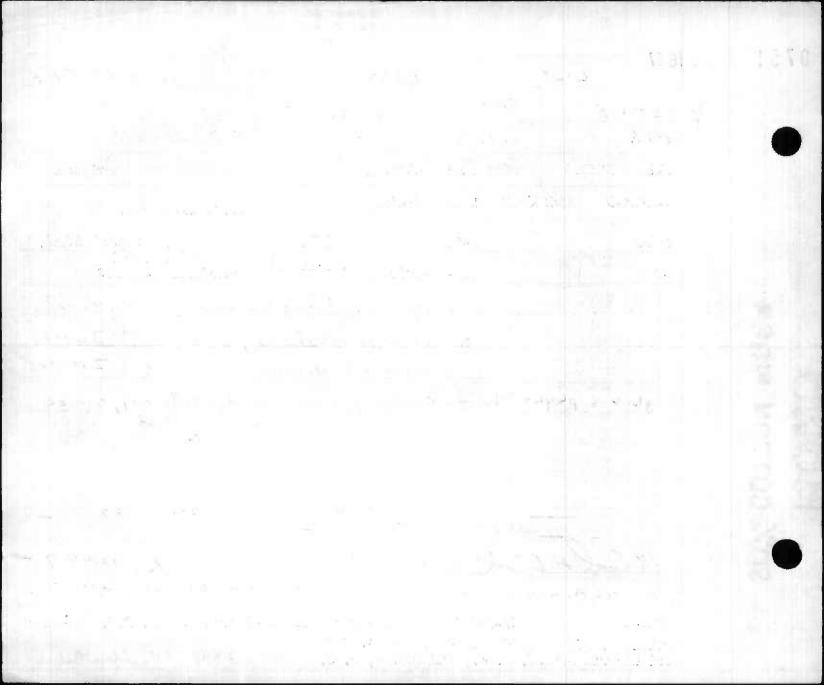
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IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other troum

2900NA910RMIORSTEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

LEBANON CEMETERY ADELPHI, PR. GEO., MARYLAND

250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE DEC 0 9 1987 Julia Diriginal Julia Divideon Budase



STATE OF MARYLAND

07	6933	DEC	3 -	EOR BYATE		DEPARTI	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE	1606	3
6	e 65			REGISTRAR CEASED NAME OR PRINT) FIRST	1	MIDDLE	R	AST	REG. NO. 20 DATE OF DEATH MONTH	10	
	poge 3		3. SE	Dernar	1 RACE		5. DATE C	rzune	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2	M M
	e 4 m		3. 30	Male		ITF	MONTH	DAY YEAR	871	MONTHS DATS HOURS	MIN.
	Pog	57		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY OR COL	INTY OF DEATH	
	Jeoth.	5	Ba	Himore md	US	A	MARRIE	DIX DIVORCED	MONTGOMERY		MD.
201	by the fu	20	S, I	ver Sp. Md	Be I I	CHE HEAT	ADDRESS)	re Center	120 USUAL OCCUPATION UNE OF, WORK FOR MOST OF WORK LET & BUC &	126 KIND OF BUSINES INDUSTRY	SOR
0 21	4 hou	Wy be		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	1TY	13c. CITY OR TOW		134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CÓDE /	
IAN	nin 24 h ly filled should k	20	14.57	THER'S NAME	GOMERY	ROCKVIL	E	YES NO D	15305 CARROLI	ON RD. (20853)	_
MARY	ampletely ond 2 sho	exomin 5	/		MIDDLE	BARZUI		LENA	WIDDLE	SACHS	
IMORE	e executed	medical			MED FORCES?	578-38-		ANITA BLUM:	IGHTER CARROLT	Ry LAND ROCKUIL	LE_
BALT	ficate b	of, the		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause pe D BY			- User	WHAR DISEASE	APPROXIMATE INTERVENCE BETWEEN ONSET AND C	AL DE ATH
V ST.	ng pl	ceve		IMMEDIAT	re CAUSE (a)	ARTER	165626	PANIE VILLE	ATAK DISCHSE		_
STO	tendi ve co	umo		Canditians, if any, which	DUE TO, C	OR AS A CONSEOU	ENCE OF				
8	the of	er tro		gave rise to immediate cause (a), stating the	DUE TO C	OR AS A CONSEOU	ENCE OF				
	that d by ease	or oth		underlying cause last	(c)_						
RDS, 20	equires in signer Then pl	injury.	NO NO	PART 2 OTHER SIGNIFICANT	HRONIC		TNDZ			GIVEN IN PART 11a	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	he law r	huo sma	CERTIFICATION	190 DATE OF OPERATION	196 CONE	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES \(\text{ NO } \(\text{ \text{ NO } } \)	4?
YII	hysici ficate fransi			210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1 110110 1	OF INJURY M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M IB PART I OR PARE 2)	
Ö	SICIA ing ph certifi unol-h	Head	MEDICAL	LIFEITHER NOTIFY MEDICAL EXAMINER	P) P	.M.	19	211 LOCATION			
1510	PHY:	edor	MEC	WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, I	ARM, ETC.)	STREET	CITY OR TOWN	COUNTY	ATE
NO.	el or o OR. Afte	is mork		270.1 certify that (I) (this haspi saw the deceased alive an	tal) attended to	he deceased fram	call	1985	to	that ++-(w	-,
-	ATT nospit tECTC ed to	sm 2 1		abave, (I) (we) (did) (did no	t) view the bad	y after death		DEGREE	death accorded on the date and	22c DATE SIGNED	ea
	the h	# #		· Benedo	(Time	cald	hus	ATTENDING PHYSICIAN	MEDICAL STAFF	- 1.2 71.6-)
	By By By By Go	Ž-	1	224 PHYSICIAN'S NAME (TYPE O	OR PRINT		70-76		University BL		
48	25	90		BERNARD A.	FITZS	erals		5,4,	KER SPAINS, M	14 20901	
				BURIAL, CREMATION, REMOVAL	236. DATE	234	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY 1 51	ATE
عاليا			-	BURIAL	12/28/			SRAEL CONG CE		PG MARS	LAND
				NERAL DIRECTANZANSKY OROCKVILLE	-GOLDBE PIKE:	ROCKVILLE	AL CH	APELS 20852 UEC	E REC'D. BY REGISTRAR 256 RI	GISTRAR'S SIGNATURE	
	Day Brown					ere mores em	2 111-				

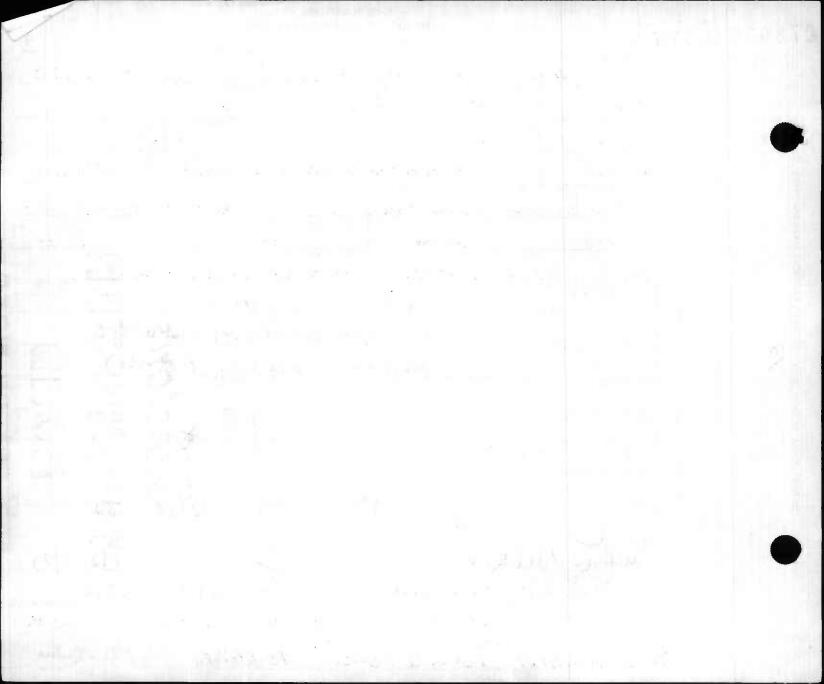


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

8	REG.	NO.	5	6	0	0	é
TE OF	DEATH	MONTH	DAY		YEAR	TH HOUR	

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IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or ather traumatic event, the

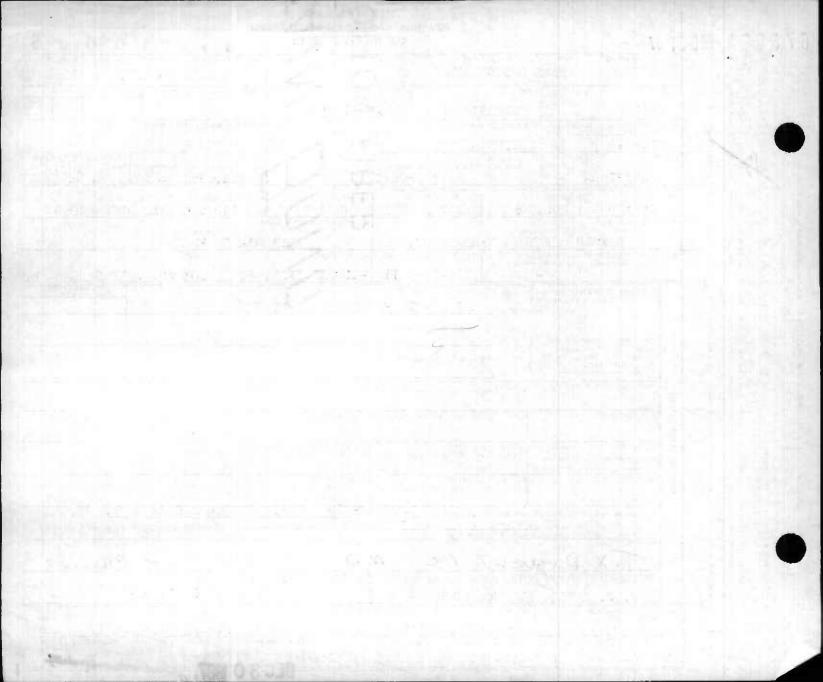
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

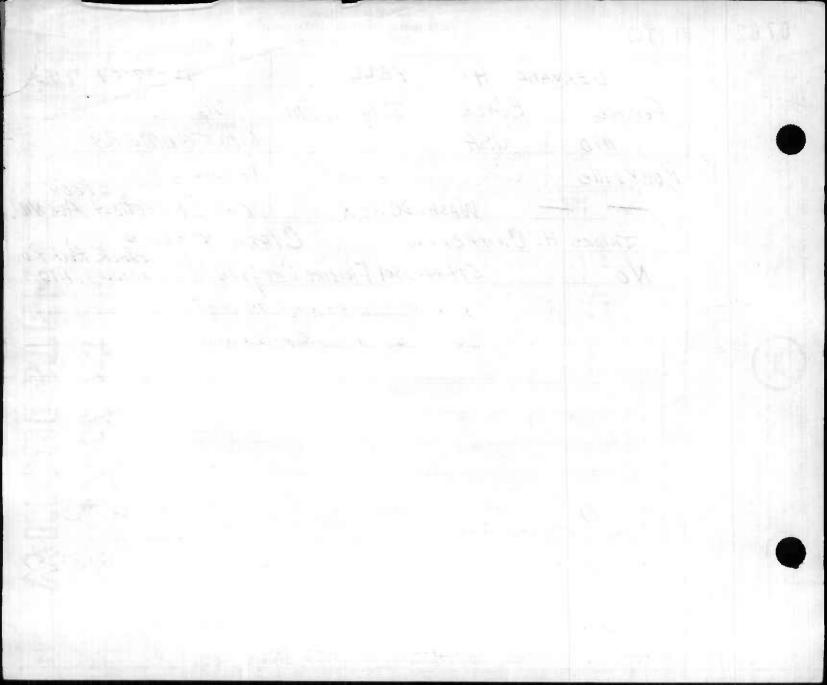
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7		210. ACCIDENT WAS UND	-	216. TIME O	FINJURY M. MONTH	H DAY	YEAR 2	Ne HOW I	NJURY OCCURR	RED (ENTE	ER NATURE OF INJU	RY IN ITEM 18	PART I OR	PART 2)		
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DIVISION OF VITAL RECORDS, 201

STATE	OF	MARYLAND

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eorth Se			CEASED NAME FRST	ISE He	BELL	2a DATE OF DEATH MONTH	27-87 7 1050M
get mg		1. SE)	Female	B/ACK	5. DATE OF BIRTH JULY 13, 1911	6 AGE (IN YEARS LAST BIRTHDAY) YRS	MONTHS DATS HOURS MIN.
partit Pa	35		OUNTRY) RTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUN	*TRY? & MARRIED NEVER MARRIED WIDOWED DIVORCED		TY OF DEATH MERY MD
4	16	R	ockville	II. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Shally	11 4 . 1.	120 USUAL OCCUPATION (TYPOF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY
24 hours	19	บรบ่า	AL RESIDENCE (IF NURSING HOME OR C		BEFORE ADMISSION) 13d INSIDE CITY LIMITS? YES NO []	136 STREET ADDRESSY ZIP CO	DE 2008
nglendy mplendy and 2 sh	0/	4. FA	THER'S NAME TAMES H	DOLE CAMPOR	15. MOTHER'S MAIDEN N.	LARA BROW	UN LAST
e execut	3	16a V	(AS DECEASED EVER IN U.S. ARN ES, NOOR UNKNOWN) (IF YES GIVE	AED FORCES? 166 SOCIAL WAR OR DATES) 579-4	SECURITY NO. 17 INFORMANT CA	ADDRESS 50	Black Kock K.
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he days of the control of the contro	mation, er in traumatic		Canditians, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	unal anytha	Joses	
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te low requi no bos been sig permit. The	9	TIPICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
CIAN The physicist in the Hygie that Hygie	6	AL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTI	H DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 1	
G PHYS otherding er this or ond Me	0000	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	21f LOCATION	CITY OR TOWN	COUNTY STATE
TTENDIN phol or TOR Africant or of Health	E 11 mar		220.1 certify that (1) this haspite cased alve at	12127/87		n death accurred an the date and h	. 19, that D (we) last aur and fram the causes stated
TAL OR A by the hou RAL DIREC detached fate Digit			TTE SIGNATURE	Perven	DEGREE ATTENDING PHYSICIAN		12/28/87
O HOSPI Insined b	1		ZZEPHYSICIAN PNAME (1991 CH		22e ADDRESS		
99699			URIAL, CREMATION, REMOVAL Burial	12-31-87	23c NAME OF CEMETERY OF CREMATORY Asbury Cemetery	Germantown	
DHMH - 16 60M 7 (VRA 15, 4)	7/B4		eorge R. Snov	vden Rockw	ille, MD 20850	AN 4 1988	ISTRAK'S SIGNATURE



ws any

STATE OF MARYLAND

07	61	100	DEC.	FOR STATE A REGISTRAR	DEP		ICATE OF DEATH	B REG. NO.	5057
	e Q	ge 3		T DECEASED NAME Les Les Lie	Carl	Bel	AST 1	12- 20- 1	987 YEAR 26 HOUR
	le 4 moy	ctor po		3 SEX Male	White	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY) 78	FUNDER LYEAR IF UNDER 24 HRS.
	Porting Por	merch din	61	76 BIRTHPLACE (STATE OR FOREIGN MISSISSIPPI	76 CITIZEN OF WHAT COUN United State	AA A DOLE		Montgomery C	
10	a offer of	by the fo	11	Takoma Park	11. NAME OF HOSPITAL, NU Washington Ad			12d USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING ACCOUNTING Ser	Red Cross
AND 212	24 hou	Hed it	34	USUAL RESIDENCE OF NURSING HOME 130 SMaryland Prin			13d INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP.CO	DE Dr. 20705
MARYL	100	6	160	1 FATHER'S NAME Türner	Tee Bê	11	Blanche	WIDDLE	Booth
IMORE,	e Grande		Poder	(YES, NO UNKNOWN) (IF YES		SECURITY NO. 0-8971	Wretha J. B	ell Same as #	13e.
T., BALT	tificate b	physicia	emovol.	PART I. DEATH WAS CAU	anly ane cause per line far (a), (bed BY: ATE CAUSE (a)	-diac	Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OI W. PRESTON S	the death cer	t by the otherding	or other troumotice	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying cause lost	DUE TO, OR AS A CONS	onary	Acteny	Disease	
CORDS, 20	20	bear ing	once to be	PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION	CONDITIONS CONTRIBUTING				YES, WERE FINDINGS USED
Or	-	. 5	0 00	T N/A		7/14		INCER	TIFYING CAUSES OF DEATH?

ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH

LIF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY (AT HOME STREET, FACTORY OFFICE, FARM ETC.) CITY OR TOWN

NOT WHILE 270.1 certify that (1) (this hospital) attended the deceased from

sow the deceased alive an above, (I) (we) (did) (did not) view the body. Wer death and that in (my) (our) opinian death occurred an the date and hour and from the causes stated 22c. DATE SIGNE

DIRECTOR | PHYSICIAN 22e ADDRESS

23c Name of CEMETERY OR CREMATORY Fort Lincoln Cometery 230 BURIAL, CREMATION, REMOVAL 12-23-1987 Brentwood Marylatid

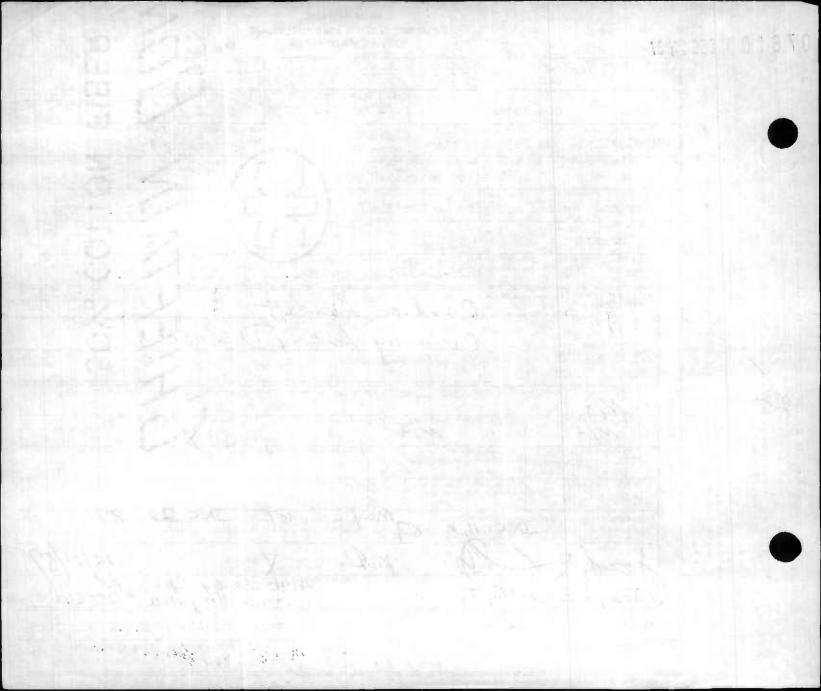
24 FUD6Mage CBorgwardt

4400 Powder Mill Rd. Beltsville, Md. 20705

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE · mende un frenzielle

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)



BP.

DHMH - 16 60M 7/84 (VRA 15, 4) FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1.	REGISTRAR			CERTIF	ICATE OF DEATH	8	REG. NO	. 55	13 U	1 6	0 0
	SEASED NAME FIRST		MIDDLE	į	AST	20 DATE C	OF DEATH		DAY YEAR	2b 1	HOUR
100	Vira	inia E	lizabeth	P	e11	Dec	.11	987		8	8:55P M
3 SE	x	4. RACE		5. DATE C		6 AGE (IN	YEARS LAST BIRT	HDAY)	MONTHS DAY	_	INDER 24 HRS
	Female	White		Dec		6	8	YRS	MONTHS: DAT	, 100	JKS MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIM	ORE CITY O		Y OF DEATH		
	W. Va.	US	Δ.	WIDOWE	D NEVER MARRIED	Mor	tgome	erv (County,		MD.
10. C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	HOME	OR OTHER INSTITUTION	12a USUAI	OCCUPATION	NC	126. KIND	OF BU	ISINESS OR
G	ilver Spring		H FACILITY, GIVE STREET A		a		Wrapp		Groc		Store
USU 13a.	AL RESIDENCE (IF NORSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	(DMISSION)					ry Ro	1	09/
14. F/	ATHER'S NAME				15 MOTHER'S MAIDEN NAM	ME					
	Charles	Ellis	Bell		Marjori	0	Irene		Lond	TOPH	o am
16n \	VAS DECEASED EVER IN U.S. A		16b SOCIAL SECUR	ITY NO.	17 INFORMANT			⁵⁵ 1913			
	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)				2011					Road
_	No		578-14-54		Dorothy V. B	serr -	STIVE	r. Spi			
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	nly one couse per ED BY: (TE CAUSE (0)	Carcl		us wina	ry K	ilad	der	BETWEE	4/2	INTERVAL T AND DEATH
		DUE TO. O	R AS A CONSEQUEN	NCE OF		/			/		
	Conditions, if any, which	((b)_									
	gove rise to immediate couse (a), stating the	DUETO	R AS A CONSEQUER	NCE OF							
	underlying couse lost.	(c)									
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DI	EATH BUT	NOT RELATED TO THE TERM	INAL DISEA	SE OR COND	ITION GI	VEN IN PART	la	
O											
TAT	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH O	OPERATIO	N WAS PERFORMED	200 AU	TOPSY?		S, WERE FINE		
THE						YES []	NOK		ES []		O T
CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME O			21¢ HOW INJURY OCCURR	RED (ENTER+		Y IN ITEM 18	PART I OR PART 7)	
	OR CONTRIBUTING CAUSE OF DE	AIII	M. MONTH DA	Y YEAR	The second second						
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P. PLACE		17	211 LOCATION						-
ME	WHILE NOT WHILE AT WORK	(AT HOME, STE	REET, FACTORY, OFFICE FA	RM, ETC)	STREET		CITY OR TO	WN	COUNTY		STATE
	220.1 certify that (1) (this hosp	oital) attended th	e deceosed fram		9-251969	ta	/2	-/	1987	that	(l) (ast
	saw the deceased alive a	11-	-30 198	7.0	nd that in (my) (opinian a	death accur	red on the do	te and ha	ur and from th		_
	abave, (1) (500) (500) (did n	at) view the body	after death.		DEGREE				22c DA		
	12re	ngo	la ch	Mu	ATTENDING PHYSICIAN	DIRECTO	STAF	FIANT	De	c.	2,198
	22d. PHYSICIAN'S NAME (TYPE	OR PRINTI			122- ADDRESS				70		
	George F. S	Sengsta	ck M.D.		Wheat	on Mr	rara 20	906	-		
		-			1 WIICa CC	0117111		200			
22-	RUDIAL CREMATION DEMOVA	1 22k DATE	22. NI	AME OF C	EMETERY OR CREMATORY	234 100	TATION				
	BURIAL, CREMATION, REMOVA	12/5/			EMETERY OR CREMATORY	23d LOC	TY OF TOWN	101	ffersor	, 1.5	J. Va.

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

PA FUNERAL DIRECTOR Eackles-Spencer E. H. East Washington Harpers Ferry W.VA.254

Funcial Home,

2222 Wisc. Ave.N.W.

25h. REGISTRAR'S SIGNATUR

DHMH - 16 60M 7/B4 (VRA 15, 4) 24 FUNERAL DIRECTOR

077102 04-53 the contract of the same with The state of the s The state of the s The state of the s

- STATE REGISTRAR

3. SEX

CEASED NAME

Bethesda

No

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENT	AL HYGIENE							
CERTIFICATE OF DEATH								

TH	BEG. NO.	5	0	1	U
	December 3	, 19	YEAR 87	26. HOL	30 ^P
	6. AGE IN YEARS LAST BIRTHDAY]	IF UNDE	RIYEAR	IF UNDER	24 HRS
YEAR 18	69 YRS	MUNIHS	DAYS	HOURS	MIN.

9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery County

Female	Caucasian	August	20 1918	
70. BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED V	NEVER MARRIED	
North Carolina	United States	WIDOWED	DIVORCED	
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR O	THER INSTITUTION	7

Eljorie

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

YES KT

LAST

Bergman

5. DATE OF BIRTH

12e. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker Own Home

USUAL RESIDENCE (IF NURS	ING HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION
	13b. COUNTY	13c. CITY OR TOWN
So.Carolina	Greenville	Greenville
IL FATHER'S NAME		

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),

4 RACE

Lacel

LAST Cox

15. MOTHER'S MAIDEN NAME MIDDLE Carrie

13e STREET ADDRESS / ZIP CODE 400 Yorkshire Dr.

> LAST Thomas

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

	Josiah	Talmadge
60	WAS DECEASED EVER	IN U.S. ARMED FORCES?
	TAKE ALO OR HANKALOWAD	I HE YES GIVE WAR OR DATES

16b. SOCIAL SECURITY NO 241-05-5925

NIH. The Clinical Center

17 INFORMANT

NOF

13d INSIDE CITY LIMITS?

ADDRESS Mr. Alvan Bergman, husband, same as pt.

				IMMED	I
				which	
gove	rise	to	imm	nediate	

couse (a), stating the

underlying cause lost.

PART I. DEATH WAS CAUSED BY

Septic shock ATE CAUSE (0)

DUE TO, OR AS A CONSEQUENCE OF Ovarian Cancer

DUE TO, OR AS A CONSEQUENCE OF

Chronic partial small bowel obstruction

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

90 DATE OF OPERATION

1%, CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F

COUNTY

210. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)
ALL BUILDY OCCUPATED

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

220.1 certify that XI (this hospital) attended the deceased from November

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOT WHILE

21e PLACE OF INJURY 21f. LOCATION AT HOME STREET, FACTORY, OFFICE, FARM ETC)

CITY OR TOWN

National Institutes of Health, Clinical

STATE

sow the deceased alive on December 3 above, 1 (we) (did) 10 1 W view the body after death

DEGREE ATTENDING PHYSICIAN

DIRECTOR PHYSICIAN

Greenville

December

and that in (Ky) (aur) apinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

South Carolina

230 BURIAL, CREMATION, REMOVAL

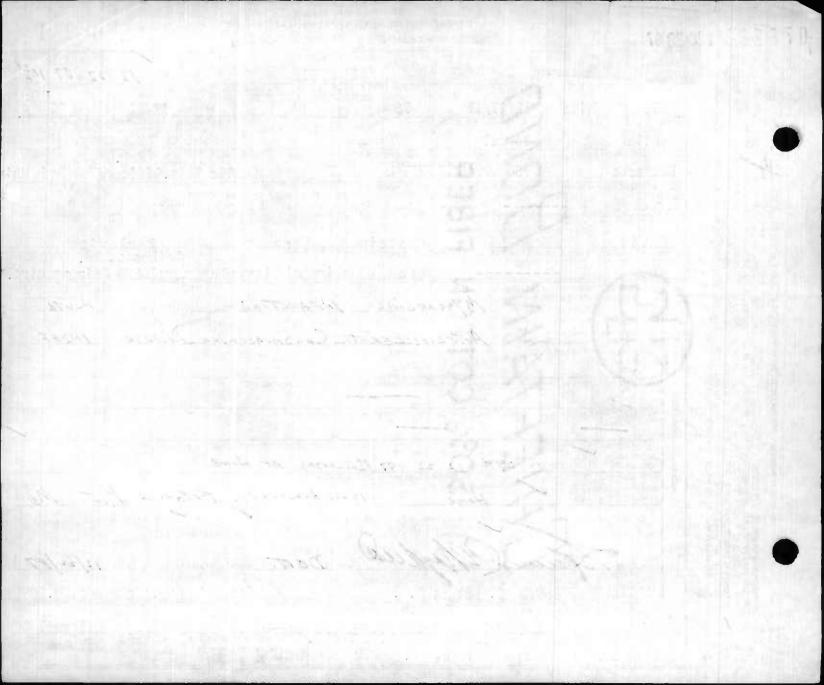
Center, 9000 Rockville Pike, Bethesda, Md. 20892 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

/	1	
DHMH -	16 60M 7/B4	

à

Mav

Dec.



769

noi director, page 3

pletely filled in by the furnithms?

5

death. Page 4 may be-

executed within 24 hours after

STATE OF MARYLAND

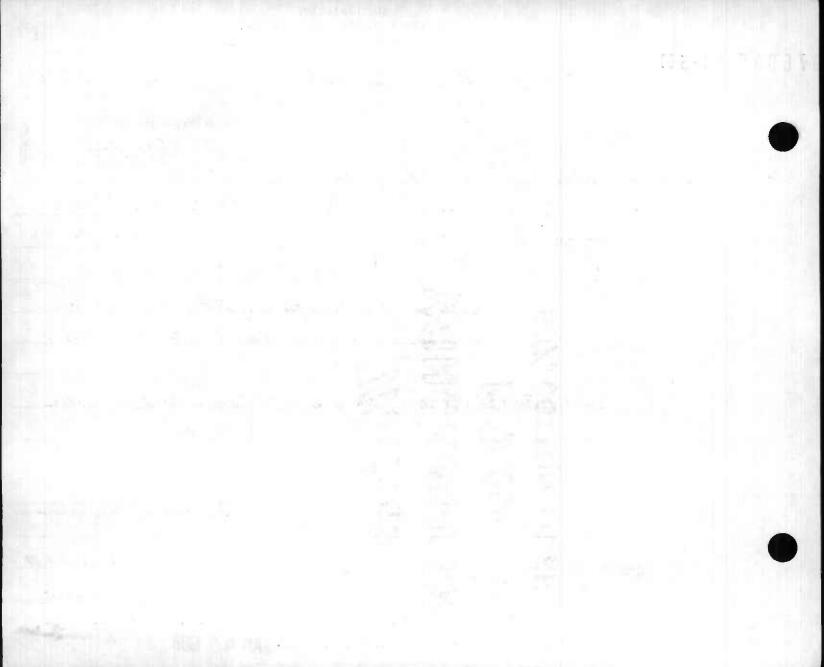
	1.	FOR STATE REGISTRAR			DEPARTI		EALTH AND MENTAL HYG	IENE B / REG. NO	o !	5 0	7 2
-5		CEASED NAME E OR PRINT)	FIRST	ak s	A	B	BICGS	20. DATE OF DEATH	MONTH DA	087	25 HOUR 9:381
2.00	3. SE	Male		4.RACE White		S. DATE C	1 DAY YEAR	6. AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS
4		irthplace (State or	.d	USA	WHAT COUNTRY?	WIDOWE		700 . 1-0			
8	51	IVER SORI	No	(IF NOT IN SUC	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOLY CROSS HOSPITAL			120 954 A DECEMBATION A DET 120KH HOF BUSINESS OR ITTER OF BUSINESS OR ITTER OF BUSINESS OR ENGLISHED THE TRANSPORT OF BUSINESS OR ITTER OF BUSINESS OR ITTE			
2 6	13a. S	AL RESIDENCE (IF NURS STATE Id.	136. COUN	OTHER INSTITUTION NTY nt.	136. CITY OR TOW		134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	columb	Ta P	ike
0	14 F/	ATHER'S NAME FIRST Alexand		MIDDLE A	Biggs		15. MOTHER'S MAIDEN NA/ Aleathea	WIDDLE		ompsor	
1		WAS DECEASED EVER YES, NO OR UNKNOWN) COS		E WAR OR DATES	577 09		Grace Bigs	addre gs (Wife)		as 13	3 E
		PART I. DEATH W	AS CAUSE	E CAUSE (a)	Septections	Ayle	red collin portion	quat Prant	locci)	APPROXI BETWEEN O	MATE INTERVAL ONSET AND DEATH
	V	Conditions, if any, which gave rise to immediate couse (a), stotling the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF								6 741	the .
2	CERTIFICATION	PART 2. OTHER SIGI	ic Ma	tro-intest	mil Kemerre	11/	NOT RELATED TO THE TERM NOT RELATED TO THE TERM NOT RELATED TO THE TERM OF T	YES NO	anulati	WERE FINDIN	drove
G		21g. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEA	TH HOUR A.	OF INJURY .M. MONTH D. .M.	AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	IT I OR PART 2)	
	MEDICAL	21d. INJURY OCCUR	HILE [21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (1) saw the decease above, (1) (web)	ed alive an	Lecember.	-29 19 C		Wr. 11 , 1957 and that in (my) (aw) apinian a	, ta <u>December 3</u> death accurred an the do	30 19 ite and haur o	and fram the	that (I) (we) la couses stated
		22b. SIGNATURE	laron	H. Tro	Elim	M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	December	SIGNED 230 1987
		22d. PHYSICIAN'S N.	AME (TYPE O	H. TRA	am mo		8915 GUESTOIN	Ave Silver-	Sprino	Mol &	20910
		BURIAL, CREMATION,	REMOVAL	23b. DATE 1/2/			emetery or crematory ville Cemete	23d LOCATION CITYS TOWN	OME	THT.	Md STATE
	24 E	Ines / Kin	aldi	11800	Newada	mp.Av	ve.S.S.Ma.Da	AN PAY REC 1988	25b. REGISTR	AR'S SIGNAT	ORE

DHMH - 16 50M 1/BI (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please remaint the State Dept. of Health and Mental Hygiene prior to burial, creming

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY

5. DATE OF BIRTH

JULY

HITE

76 CITIZEN OF WHAT COUNTRY?

CERTIFICATE OF DEATH

1908

G	B 4 6 NO. 5 6 0 7 3
	20. DATE OF DEATH MONTH DAY YEAR 20 HOUR
	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 73 HRS. MONTHS DAYS HOURS MIN.
	9 BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY MD.
	120 USUAL OCCUPATION 120 KIND OF BUSINESS OR REAL ESTATE INVESTOR REAL ESTA
	130 STREET ADDRESS LARD ONE # 635; (20815
	AE DROBIST
-	FE ADDRESSCHEVY CHASE, MD N: 4701 WILLARD AVE#635; (20815
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Minutes
	* Disease years
1	inal disease or condition given in part 110
	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED

MARRIED NEVER MARRIED MARYLAND U.S.A. WIDOWED DIVORCED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION SUBURBAN HUSPITAL BETHESDA (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS MARYLAND MONTGOMERY 13d INSIDE CITY LIMITS? NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NA MIDDLE TSAAC BINDEMAN SARAH 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT HE YES GIVE WAR OR DATES 578-03-2905 JEAN BINDEM 18 CAUSE OF DEATH (Enter only ane couse per line far to), (b), and ic. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Canditians, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (I) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady ofter death. 27h SIGNATUR DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23d LOCATION S.E. WASHINGTON, D.C. 23c NAME OF CEMETERY OR CREMATORY

ADAS ISRAEL CEMETERY

ISPECIFY BURIAL BP DHMH - 16 60M 7/B4

orked

MPORTANT

shoul

(VRA 15, 4)

FOR

REGISTRAR DEGEASED NAME

MALE

To BIRTHPLACE (STATE OF FOREIGN

WilliAM

4 RACE

- STATE

3. SEX

24 FUNERAL DIREDANZANSKY-GOLDBERG MEMORIAL CHAPELS 110 ROCKVILLE PIKE: ROCKVILLE, MD

12/14/87

	140	15.8	015226 250
	Andreas Andreas	SeriviA .	
	ANTINA TARANS	AM. Ha	
DESCRIPTION OF THE PROPERTY OF THE PARTY.	EDVEL MESSE MESSES	TAX SHEET	
Add Add Add	4 1934		
	0100=0-100	- 3	
	A S E E .		
080 15 887 رانتر المتاسبة على			

TO HOSPITAL OX ATTENDING PHYSICIAN: The line requires that the death centificate be executed to reform the hospital or attending physician

BP__

07759

					STATI	OF MARYLAND				
	1-	FOR STATE		DEPAR		EALTH AND MENTAL HYG	IENE		. 0	7 1
JAN	10	PEGISTRAR			CEKIIF	ICATE OF DEATH	REG. N		0 0	/ 4
OAR		OR PRINT)	RST	MIDDLE	0	A 6 14		MONTH DA	1	9 35/m
	3 SE		OAN I4. RACE	E.	5 DATE C	ACKMAN	6. AGE LIN YEARS LAST BIR		1987	PM F UNDER 24 HRS
	3 SE	FEMALE	4. KACE	LACY	SEPT	DAY YEAR	38	MO		HOURS MIN.
1		RTHPLACE STATE OF FORE	HIGH 76 CITIZEN	OF WHAT COUNTRY	(2 8		9 BALTIMORE CITY O	PR COUNTY O	F DEATH	
6		INIDAD W.	E./	U.S.A.	WIDOWE	D NEVER MARRIED DIVORCED	MONTGO	MERLI	COUNT	MD.
0	10. CI	TY OR TOWN OF DEATH	11. NAME	OF HOSPITAL, NURS	ING HOME C	ROTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND OF E	BUTINESS OR
Ö.		ver Spring	Ho		- 4	PITAL	OPERA	OR	TELE	PHONE
L	13a S		& COUNTY	13c. CITY OR TO	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		1. #1	1/2-0
_		RYLAND IT	MONTGOMER	4 ISIWER S	PRING	YES NO \(\big NO \(\big \)		STLE BL	UD6-14	12040
2	25	ANFUS	WIDDLE	14)1L	45	MONICA	WIDDLE	1	BERTRA	Alm
		VAS DECEASED EVER IN	U.S. ARMED FORC		CURITY NO	17 INFORMANT	ADDRI	F.C.C	HOPE, T	
	(NO NO NENDWAY	NONE	126-62	-3612	JENNYUND J	ACOB 113 /	2, verside	Me.	W.I.
		18 CAUSE OF DEATH	Enter only ane caus	e per line for (o), (b), o	and (c)	~ _		-3:301		SET AND DEATH
			MEDIATE CAUSE	0)	41	05				
1			DUE T	O, OR AS A CONSEO	UENCE OF					
3		Canditions, if ony, w		b)						
1		cause (a), stating	the DUE TO	O, OR AS A CONSEO	UENCE OF					
	8		((0	.)						
	Z.	PART 2 OTHER SIGNIF	CANI CONDITION	XO PLAS	M/)	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART TO	
	CATION	190 DATE OF OPERATIO	N 196 CC	ONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, N	WERE FINDING	S USED
1	CERTIFIC						YES NO	IN CERTIFYII	NG CAUSES OF	F DEATH?
,		21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU		ME OF INJURY R. A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	1 + ORPART 2)	
7	CAL	(IF EITHER NOTIFY MEDICAL	EXAMINER)	P.M.	19			75.7		
1	MEDICAL	21d INJURY OCCURRED	CAT HOS	ACE OF INJURY WE STREET, FACTORY, OFFICE	E, FARM, ETC]	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		AT WORK AT WORK			10	4-1 07	21	70	07	-
	1	22s I certify that with	ative on	12/29 19	00	that in (my) (our) opinion of	death occurred on the de	ote and haur a	and from the cou	uses stated
		725 SIGNATURE (did	did not view the b	body pitér death.	,	DEGREE			22c DATE SIC	
		May	min //a	you mis		ATTENDING PHYSICIAN	DIRECTOR PHYSIC		DEC 3	0.1987
1		224. PHYSICIAN'S NAME	(IIII (III PRINT)			22e ADDRESS	J DINECTON (+ (10)
		MARJORIE	E VOITE	4. M.D.		5530 Wiscon	JUN AVE. #12	40 CHE	DY CHASE	E. MD.
		URIAL, CREMATION, REA	MOVAL 23b. DAT	E 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
		CREMATION	Dec.	30, 1987	CHAMB	RS CREMATORI				RYLAND
/84		INERAL DIRECTOR		ADDRESS	C	250 DAT	REC'D. BY REGISTRAR	256 REGISTRA	AR'S SIGNATUR	market .
	CH	AMBERS FUN	ENAI HO	ME DILLEY	Laprus	G. MD. JA	II ISS	Manney me	in tuenes P	

JEHN BE MANNEN WELLEN AND AND THE MAN OF THE THE A PROPERTY A PROPERTY A HORSE BUT GARLES TO THE RESIDENCE OF THE PARTY OF THE PAR

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PRESTON ST. BALTIMORE MARYLAND 21201 3 DIVISION OF VITAL RECORDS, 201

FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT (OF HEALTH	AND MENTAL	HYGIENE					
CER	TIFICATE	OF DEATH						

Presbyterian Cemetery

AND MENTAL HYGE OF DEATH	iene 3	REG. NO	3	6 0	7	5
euship	20. DATE OF			YEAR 7	2b H	OUR A
97 JEAN	6. AGE (INYE		YRS.	ONIHS DATS	HOUI	DER 24 HRS
DIVORCED DER INSTITUTION	9 BALTIMO	unta	ame	OF DEATH		1110.
al	(TYPE OF WORK		WORKING LIFE		Def	ence
□ NO K	13e.STREET A		zip CODE nfield	Stree	et	20895
Mable FORMANT	L	MIDDLE ADDRES	55	Price	ST	
	lanken		same		L3	
		,		APPRO	CIMATE I	VIERVAL
Lie do	Card	tom		BETWEEN	ONSET	AND DEATH,
Liel Ac	lord	tom		BETWEEN	ONSET	AND DEATH
de d	ford			BETWEEN Z.	A SEC	AND DEATH
de d	ford	ORCOND	DITION GIVE	BETWEEN	ONSET	NO DEATH
de d	7	sur	20b. IF YES,	BETWEEN	MGS U	SED EATH?
PERFORMED	ZOO AUTO	PSY?	20b. IF YES, IN CERTIFY YES	N IN PART 1	NGS U	SED EATH?
tire, 90	ZOO AUTO	PSY?	20b. IF YES, IN CERTIFY YES	N IN PART 1	NGS U	SED EATH?
PERFORMED HOW INJURY OCCURR OCATION STREET	700 AUTO YES	PSY? NO A URE OF INJUR CITY OR TOV	20b. IF YES, IN CERTIFY YES	N IN PART 1 WERE FIND ING CAUSE: COUNTY	NGS US OF DI	SED ATH?

Lynchburg

22c DATE SIGNED

Virginia

1. DECEASED NAME MIDDLE (TYPE OR PRINT) arena Blanton 4. RACE 3 SEX 5. DATE OF BIRT aucasian ale THE BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED X United States Virginia WIDOWED ITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTH USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 113d IN Montgomerv Kensington YES Maryland 4. FATHER'S NAME 15. M 1000 MIDDLE David Blankenship E. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 IN HE YES, GIVE WAR OR DATEST 224-14-7596 Ma 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CERTIFICATION 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 L (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deseased from saw the deceased olive on above, (I) (we) (did) (did not) view the body ofter death. 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME 22e ADDRESS 13000 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Dec.

14, 1987

bert A. Pumphrey Funeral Home/ yy Chase, Inc. 17557 Wisconsin Av Bethesda, Maryland 20814

DHMH - 16 60M 7/84

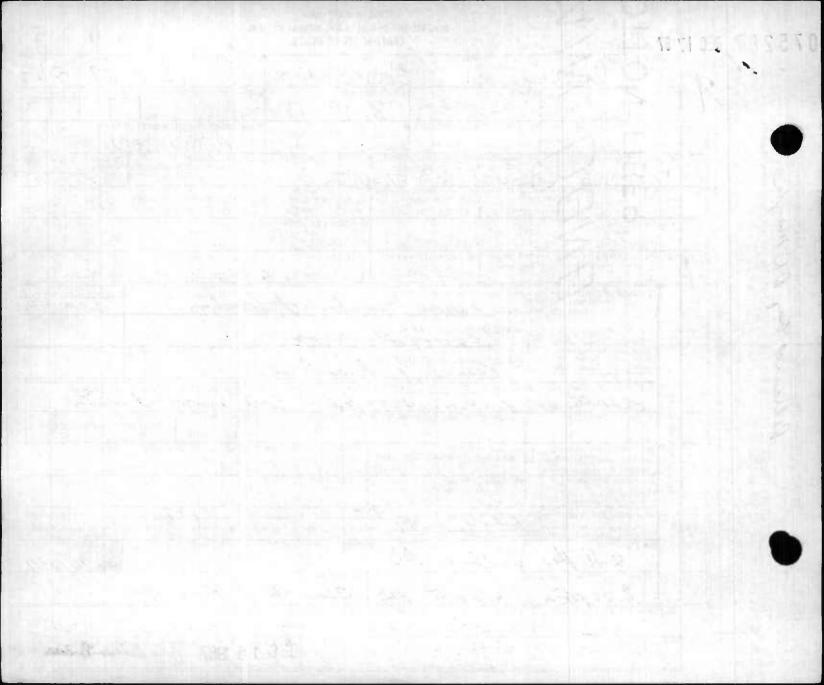
CRIANT

(SPECIFY)

Burial

Pumphrey Bethesda-Chevy Chase, Inc. April 1888

(VRA 15, 4)



075054 DEC 1

STATE OF MARYLAND

EPARTMENT OF HEALTH AND MENTAL HYGIEN				
CERTIFICATE OF BEATH	EPARTMENT	OF HEALTH	AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	CI	RTIFICATE	OF DEATH	

- STATE - REGISTRAR		DET AKIMEI	CERTIF	ICATE OF DEATH	B REG. N	10	6 0	7	6
DECEASED NAME FIRST	۸	AIDDLE	l	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOU	R
(TYPE OR PRINT) Don	ald	R.	Вос	ner .	December	10. 198;	7	7:5	5A M
1. SEX	4 RACE	5	DATEC		6 AGE (IN YEARS LAST BE		INDER I YEAR	IF UNDER	74 HRS
Male	Whit	e	Augu	ist 18. 1923	64	YRS.	THS DAYS	HOURS	MIN.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	AVHAT COUNTRY? R		NEVER MARRIED	9. BALTIMORE CITY		DEATH	-	
Pennsylvania	11	0 1	VIDOWE	/\	Montgom	0 111			MD.
ID CITY OR TOWN OF DEATH		OSPITAL, NURSING	HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION	126 KIND O	F BUSINE	
Olney	Montg	nfacility, give street add omery Gene	ral	Hospital	Teacher		Scho	ool	
130. STATE 13b. CC Maryland Mo		GIVE RESIDENCE BEFORE AD 13c. CITY OR TOWN Damas Cus		13d INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e.STREET ADDRESS 26727 R	/ ZIP CODE	ad / 2	20872	
14. FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME				
Joseph	I.	Boger		Fannie	MIDDLE	Reyn	olds	o I	
160 WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURIT	Y NO.	17 INFORMANT	ADDR	ESS			
No No	GIVE WAR OR DATES	195-14-00	38	Jean Baldw:	in Boger,	Item	1 13		
18 CAUSE OF DEATH (Enter PART DEATH WAS CAU	r only ane cause per USED BY: DIATE CAUSE (a)	line for (a), (b), and (d		ul facture			BETWEEN G	MATE INTER ONSET AND	DE ATH
	DUE TO, OI		CE OF	NOT RELATED TO THE TERMI		adition Given	IN PART 11:	0	
P CONTRACTOR OF CONTRACTOR	Tim control	TION FOR WHICH OF	eteol	7	20g AUTOPSY?	20b. IF YES, W	/EDE CINIDIA	ICC LICE	
19a, DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	196 CONDI	TION FOR WHICH OF	PERATIO	N WAS PERFORMED	YES NO	IN CERTIFYIN	NG CAUSES		H?
OR CONTRIBUTING CAUSE OF	DEATH HOUR A.I	M. MONTH DAY	YEAR 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	JRY IN ITEM 18 PART	I OR PART 2)		
21d INJURY OCCURRED HILE NOT WHILE AT WORK	21e PLACE (AT HOME, STR	OF INJURY SEET, FACTORY, OFFICE, FARM	A, ETC)	21f. LOCATION STREET	CITY OR T	OWN	COUNTY	5	STATE
220.1 certify that (I) (this he saw the deceased alive obove, (I) (me) (did) idea	on December	De 9 19 8	2	nd that in (my) (***) apinion of	toeach		87, nd fram the		
27b. SIGNATURE	Barry	Theres	~	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED /10/8	7
22d. PHYSICIAN'S NAME (19	PE OR PRINT			22e ADDRESS					
Barry Hech				3941 Ferrara		ton, MD	20906	5	
23. BURIAL, CREMATION, REMOV (SPECIFY) Cremation		1, 1987		emetery or crematory stview	23d LOCATION CITY OF TOWN Balti	more, i	Maryla	and	STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

Dec. 11, 1987

ATORY

13d LOCATION
CITY OR TOWN
Baltimore, Maryland

125e. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR Olin L. Molesworth, P.A., Damascus, Md.

STATE OF MARYLAND

ARTMENT	OF HEALTH	AND MENTAL	HYGIEN
CE	RTIFICATE	OF DEATH	

,	-,	16	0	7	•
REG. NO.	13	()	Ü	1	-

7	87	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYO	GIENE 3 LREG. NO	3 8	0	7	7
1		CEASED NAME FIRST		MIDDLE	ı	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOU	R
1	Tire	PATRICE	IA LO	urśa	3	DONE	DECEME		1989	02	92 M
	3 SEX		4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIRTI	HDAY) IF O	THE CAYS	IF UNDER	24 HRS
4	FE	EMALE	WHI	TE	08	25 48	39	YRS.			10(104)
1	70 BIF	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	MAPPIE	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF	DEATH		
	1	SHINGTON, D.C.	4	4.5, A.	WIDOWE		MONTGO	MERY	18		MD.
1	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPATIO		126 KIND OI	F BUSINE	SSOR
	TAI	Koma Pk. Md.	WASH	INGTON F	DVE	NTIST	SECRETAR		N.A.S	.A.	
4		AL RESIDENCE (IF NURSING HOME OF TATE		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	7		-
7	1000		GEO.	HYATTSVI		YES NO	7003 GREENV		RKWAY	207	84
1	IL FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAST	,	
Я		RAYMOND	H.	BREEN	I	DOROTHY	moote		RUPPE		
3		VAS DECEASED EVER IN U.S. AT	RMED FORCES?	166. SOCIAL SECU		17 INFORMANT	ADDRES	S			TT.
Į.	and the same	NO	VE WAR OR DATES)	219 487	543	JERRY W. BOOK	NE HUSBAND	SAME	E AS 1	.3	
		18 CAUSE OF DEATH (Enter o	nly one couse pe	r line for (o), (b), and	licia				APPROXIE BETWEEN C	MATE INTER	VAI DEATH
1		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	LIVE	R	FAILURE					
1			DUE TO, C	R AS A CONSEQUE	NCE OF	. 0 .	0				
		Conditions, if ony, which	(b)_	Hepp	LOI	lenal si	1 ndre ne				
1		gove rise to immediate couse (a), stating the	DUE TO, C	R AS A CONSEQUE	NCE OF			-			
		underlying couse lost.	(c)_								
	Z.	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN	IN PART 1:0	Þ	
7	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, W	ERE FINDIN	IGS USED)
-	TE						YES NO	YES [NO [_
	8	21a ACCIDENT WAS UNDERLYING		OF INJURY ,M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IN ITEM 18 PART	ORPART 2)		
	CAL	OR CONTRIBUTING CAUSE OF DE	AIN	.M.	19						
1	MEDICAL	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, FA	ARA FIC	211 LOCATION STREET	CITY OR TOV	/N	COUNTY	5	TATE
	-	NOT WHILE AT WORK									TO S
		220.1 certify that (I) (this hosp		ne deceosed from	11/3	, 19_11_1			87	that (I) (v	ve) lost
		sow the deceased alive	12 (<			nd that in (my) (our) opinion	death occurred on the do	te and hour on			ited
		276 SIGNATURE	21	01.		DEGREE ATTENDING	MEDICAL STAF		22c DATE	1.	
		1	00.	mare	-	L.O. ATTENDING	DIRECTOR PHYSIC		121	ult.)
i	1	228 PHYSICIAN'S NAME (TYPE	1			22e ADDRESS 890	1 CARROLL	, AUEN	-		
	,	ZICHARV	14. C	HASEN		TAK	oma PAR	1c,M	d'		
	23o. B	SURIAL, CREMATION, REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION	£*)	OUNTY	4	TATE
	BU	RIAL		4,1987 GAT		HEAVEN	SILVER SPR	ING MON	NTGOME	RY M	ID.
	24 FU	NERAL DIRECTOR FRANC	IS J. CO	OLLINS JE	₹.	2 m PA	TE REC'D BY REGISTRAR	SE REGISTRAF	SAAIGNA	Accept	1
-		O UNIVERSITY B				,MD.20901	1 0 1301	1	1 123	SE.	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

DHMH - 16 50M 1/81 (VRA 15, 4)

077618 JAN 11

I. DECEASED NAME

(TYPE OR PRINT)

STATE	OF	MARYLAND
SIAIC	Ur	MARILAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

B / REG. N	10. U	O	Ų	1	1
20. DATE OF DEATH	MONTH	DAY	YEAR	2b. H	OUI
	12	29	87		4
1 105		45 111150		-	1

	"'Q"	3	0	5	8d YRS.	
?	MARRIED N		ARRIED		1. BALTIMORE CITY OF COUNTY OF DEATH	Ĩ

NO

15. MOTHER'S MAIDEN NAME

120 USUAL OCCUPATION M. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION EXECUTIVE INTNL OII INDUSTR 1316 FENWICK 134. INSIDE CITY LIMITS?

MIDDLE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE OF SIDENCE BEFORE ADMISSION)
130. STATE 134. COUNTY 134. CITY OR TOWN MIDDLE

76. CITIZEN OF WHAT COUNTRY

Edward

LAST FIRST BORREGO OUIRINA 166. SOCIAL SECURITY NO

063-16-9954

ADDRESS 17 INFORMANT

BORREGO/WIFE/SAME MARY M.

	y one couse per line (r (o), (b), and (c).) BY: CAUSE (a) CAUSE (a)	Failure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
Conditions, if ony, which	DUE TO, OR AS A CONSEDUENCE OF LEC	prostate	Cancer	5 yr
gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF			

FIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO YES [NO [

710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER P.M 21e PLACE OF INJURY

JAN

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2)

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION

(our) opinion death occurred on the date and hour

CITY OR TOWN COUNTY STATE

this hospital ottended, the deceased from 29 sow the deceoperative on obove (II) (we) did (did not) view the body after death

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

LAST

GARCIA

MU

23d. LOCATION

230 BURIAL CREMATION, REMOVAL (SPECIFY) CREMATION

23¢ NAME OF CEMETERY OR CREMATORY 1988 METROPOLITAN CREMATORY

DEGREE

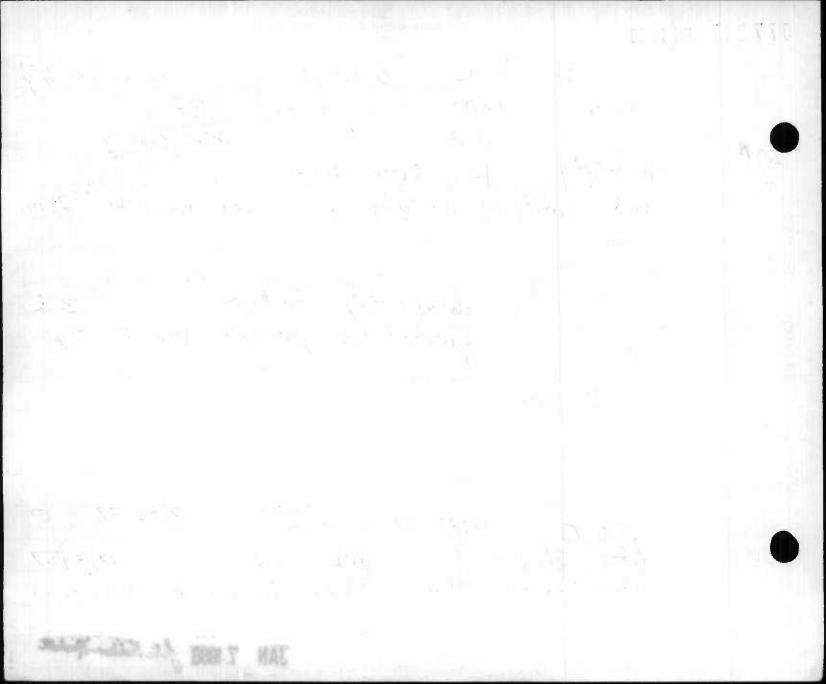
22e ADDRESS

CITY OR TOWN ALEXANDRIA VIRGINIA

24 FUNERAL DIRECTOR

FRANCIS J. COLLINS, JR. UNIVERSITY BLVD W SILVER SPRING, MD 20901

250 DATE REC'D BY REGISTRAR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BORSELLINO

MIDDLE

LORA

CERTIFICATE OF DEATH

	REG. NO.	V	0		
	DECEMBER 12,	1987	YEAR	26 HOU	IR A
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
	79 YRS	MONTHS	DAYS	HOURS	MIN.
_	9. BALTIMORE CITY OR COUNT	Y OF DE	ATH		
	Montgomery				MD
	17a USUAL OCCUPATION	12Ы	KIND O	F BUSINE	ESS OR

3. SE	X		4. RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDE	RIVEAR	# UNDE	R 24 HR
:	Female		Caucasi	.an	Nov.	21,1908 YEAR	79	YRS	MONTHS	DAYS	HOURS	MIN
	RTHPLACE (STATE OR ECOUNTRY) St Virgini		76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	DXX NEVER MARRIED DIVORCED DIVORCED	9. BALTIMORE CIT Montgor		ITY OF DEATH			٨
1111	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN HEACILITY, GIVE STREET LIE NURS		OR OTHER INSTITUTION	PATION 2ST OF WORKING L C	17b. KIND OF BUSINESS (INDUSTRY			IESS O	
13a S	AL RESIDENCE (IF NURS STATE LTYLand	13b COUR	YIY	GIVE RESIDENCE BEFORE 134. CITY OR TOWN ROCKVIII	N	134. INSIDE CITY LIMITS?	13e STREET ADDRE	ss/zipcod ock Spr	ŧ ing	Driv	2 C	183
14. FA	4 FATHER'S NAME FIRST Henry Benja			Steel	L	Ollie	ME	M M	McGawon LAST			
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YE NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)			166 SOCIAL SECUI 577-07-04		17 INFORMANT SON FRÁNK BORSELI		DRES 1690 Lney, M				
	18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	nly one cause per D BY TE CAUSE (o)	Cardia	. /	Irrest			В	O KA	MATE INTE	PEATH
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost.					Té Cardiovas	scular di	sease	Hi	any	4	ar
NOI	Senile		conditions contra;	CHAMIC	-	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION GI	VEN IN F	ART 110		
ERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH			ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	206 IF YE IN CERTI				ATH?
210 ACCIDENT WAS UNDERLYING 7 216 TIME OF INJURY 216 HOW INJURY OCCURRED (FILER NATURE OF INJURY IN ITEM 18 PAR							PART LOR	PART 21		-		

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

22a.1 certify that (I) (this haspital) attended the deceased from (our) opinion death occurred on the date and hour and from the causes stated above (I)(we) (did (did no)) view the bady after death DEGREE 22c. DATE SIGNED MEDICAL STAFF
DIRECTOR | PHYSICIAN | ATTENDING

731 NAME OF CEMETERY OR CREMATORY 234 LOCATION 23a BURIAL, CREMATION, REMOVAL (SPECIFY) CITY OR TOWN

Dec.14,1987 Cedar Hill Cemetery Burial 24. FUNERAL DIRECTOR Francis J. Collins, Jr.

Suitland Pr. Geo. Maryland BY REGISTRAR 256 REGISTRAR'S SIGNATURE

morked or Item

MPORTANT: If Item 21 is

DHMH - 16 50M 4/83

(VRA 15, 4)

MEDICAL

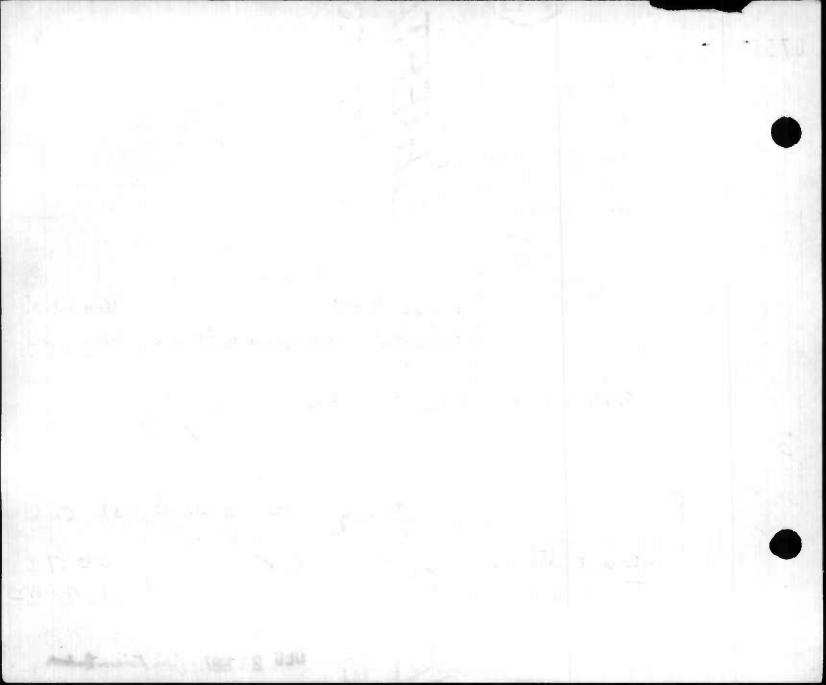
FOR

22 STGISTRAR TECEASED NAME (TYPE OR PRINT) ETHEL

FIRST

- STATE

500 University Blvd., W. Silver Spring, Md. 20901



ST	ATE	OF	MA	RYI	AND	
	PIL	v	271 P	T 1 L	MITE	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

75794 DEC 22	87	STATE REGISTRAR		CERTIFICATE OF DEATH	& KEG. NO.	3 6 0 3	0
	1 DEC	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH M	ONTH DAY YEAR 26 HC	
A so		Wilhel	Media Li	Bowe		V 10 0 1 .	MANO
0 0	3. SE)		4. RACE	5. DATE OF BIRTHMONTH DAY _YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS	FR 24 HRS
e Bo		emale	DIACK	July 10, 1931	26	YRS	
oth P	70 BII	RTHPLACE (STATE OR FOREIGN DUNTRY)	16 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	MONTE CITY OR	COUNTY OF DEATH	MD.
ep un	10 51	Y OR JOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO		
201	K	ockville	Shady Grove A	vestist Hospital		WORKING LIFE) INDUSTRY LILUST GOUT	
ND 21:	130 S	AL RESIDENCE (IF NURSING HOME O	NOTHER INSTITUTION GIVE RESIDENCE BEFORM NTY PROPERTY OF TOVE OF THE		13e.STREET ADDRESS /		DR.
RYLA	14 FA	THER'S NAME	MIDDLE A LAST	15 MOTHER'S MAIDEN NA	WE	LAST	
W P N		Koger	Mc Dougal	d Nelli	e Kees	e	
BALTIMORE, M. Ote by executed spers. Pages od. r, the medical	16a. V		RMED FORCES? 166 SQUAL SEC VE WAR OR DATES) 225-38	-8128 Joseph S.	Bowe Chu	(sband) # 13	= AS
BALT ote b rsicio ppers. vol.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line for 171, the o	nd ici.		APPROXIMATE IN BETWEEN ONSET AN	ERVAL ND DEATH
The phy wen			TE CAUSE (D) Melas	table Colon C	once m	the month	7
PRESTON ST he death cert he attending emove carbon mation, or re			DUE TO, OR AS A CONSEQU	PENELON 1 - 1	11 - 0		
RESI e dec move nation traur		Conditions, if any, which gove rise to immediate	(b) Journal	say say the si	490 000	dan	
W. ot to		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSE	oresal may	piciency	lay	>
RDS, 201 equires the signed by Then plea	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIONS	DEATH BUT NOT RELATED TO THE TETA	AMAL DISEASE OR COND	ITION GIVEN IN PART 110	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir ottending physicion. After this certificate has been sig os the buriolitronsit permit. Then th and Mental Hygiene prior to b orked or them 18 shows any injury	TIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE. YES NO	ATH?
rsician: The ing physicion ing physicion in viriol-tronsit yantol Hygiei tiem 18 shp	CERT	210 ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	
SICIA ng pla certif cental	CAL	OR CONTRIBUTING CAUSE OF DE	ATT.	19			
DIVISION NG PHYS often this of the but the ond Miles orked or it	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC.) 211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
Or or or see os see os the mort			oitot) attended the deceased from	12 17 19 37		(3 , 19 87 , that (1)	(mal/ost
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OR A e hos or hos or hos or hed or hem or he		226. SIGNATURE		DEGREE		22c. DATE SIGNE	0/
th the set of the Tr. T. T. T.		1/4	1 / tunar		MEDICAL STAFF	AN 12/15	187
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TO HOSPIT.			ewman, M.D.		g. Village	Ave.	
		BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP	24 FI	Removal UNERAL DIRECTOR	12-16-87 W:	ilkerson Funeral		ersburg, Virg	ınia
DHMH - 16 60M 7/84 (VRA 15, 4)		eorge R. Snow	wden Rock Vill	Le, MD 20850 DEC	A C INCOM	lea Devideon Render	6
(VICA 13, 4)			TOOKYTT.	20, 110 20000	20 1001		

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STATE OF MARYLAN	D
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8	KEG.	NO.	3	6	0	3	1
TE OF	DEATH	AA/ONITH		DAY	VEAD	21 LICILID	_

DEC 22 1987 guille Decision Registrar's Signature

075	5979	DE G	FOR STATE 7 REGISTRAR		DEPART		EALTH AND MENTAL HYGICATE OF DEATH	B REG. NO.	3 6 0	3 1
y be	poge 3	(TYPE	CEASED NAME OR PRINTS	GORA	MIDDLE		Bowie	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR 4.15 PM
Poge 4 mg	director, p	3 SE:	EMALE RTHPLACE (STATE OR FO	4. RACE Caucas	sian OF WHAT COUNTRY?	S. DATE O	24 10	6 AGE (IN YEARS LAST BIRTHDAY) HH YE 9 BALTIMORE CITY OR COU		IF UNDER 24 HRS HOURS MIN.
er deoth.	d of of on	Pe	ountry) ennsylvania TY OR TOWN OF DEAT	U.S.	A. DE HOSPITAL, NURSIE	MARRIEI WIDOWE	DEVER MARRIED DEVELOPMENT DIVORCED DEVELOPMENT DIVORCED	MONTGON 120 USUAL OCCUPATION	NERY .	MD.
hours of	d in by the filed of the filed	JUSU.	akoma Park	MAS	SUCH FACILITY, GIVE STREET ON GIVE RESIDENCE BEFOR 13c. CITY OR TOV	RE ADMISSION	DIST LINE CITY LIMITS?	Housew fe	N/A	<u> </u>
within 24	lenely-fille	14) F/	THER'S NAME	PP. SEO	Cheverl	y	YES X NO	3110 CHEVERLY	AV. Ches	51
executed	ond completely		John VAS DECEASED EVER IN (ES, NO OR UNKNOWN) NO	E . U.S. ARMED FORCES (16 YES, GIVE WAR OR DATES)		URITY NO.	Mary 17. INFORMANT Joseph J. Gai	ADDRESS 6101 Allen crity Suitland	Kener	
tificote be	physicion opopers. F imovol.	-	18. CAUSE OF DEATH PART I. DEATH WA	(Enter only one couse p S CAUSED BY: MMEDIATE CAUSE (o),		nd (c)	EPTISEMI			IMATE INTERVAL ONSET AND DEATH
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Us thought	ed by the please ren riol, crem		couse (o), stating underlying couse	the lost. DUE TO,	OR AS A CONSEQU		V	NINAL DISEASE OR CONDITION	CONTAIN DADY I	
ow require	been sign mit. Then prior to bu	CATION	O ACUTE	RENAL F		11) Re	cent CARS	1/AC SURGER	YES, WERE FINDIN	RTIC VACYE
AN The lo	ficote hos tronsit per i Hygiene 18 shows	CERTIFICATION	21a. ACCIDENT WAS UNDE	1 110110	OF INJURY	AY YEAR		YES NO RED (ENTER NATURE OF INJURY IN ITEN	YES A 18 PART I OR PART 2)	NO [
S PHYSICI	ter this certifies the buriol-in ond Mentol rked or Item	MEDICAL	(IF EITHER, NOTIFY MEDICA 21d, INJURY OCCURRE WHILE NOT WHIL	LEXAMINER) 21e PLAC (AT HOME.	P.M. CE OF INJURY STREET, FACTORY, OFFICE,	19 FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TTENDING	CTOR: After the for use os of Health		22a. I certify that (I) 4 sow the deceased	this. haspital) attended	2.18 198	23	d that in (my) (our) opinion	to 12./g		that (I) (we) lost couses stated
ITAL OR A	RAL DIREC detoched stote Dept.		22b. SIGNATURE	gate	-t-P			MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE Dec.	18,1987
TO HOSPIT	should be d	22.	ASIF	S. QADI		NIAME OF C		WYN HOUSE R), college	pu, my
BP.		230	urial, cremation, ri Burial	236. DATE 12/21			emetery or crematory .11 Cemetery	Suitland	P.G. Ma	aryland

6160 Oxon Hill Rd.

Oxon Hill, Md.

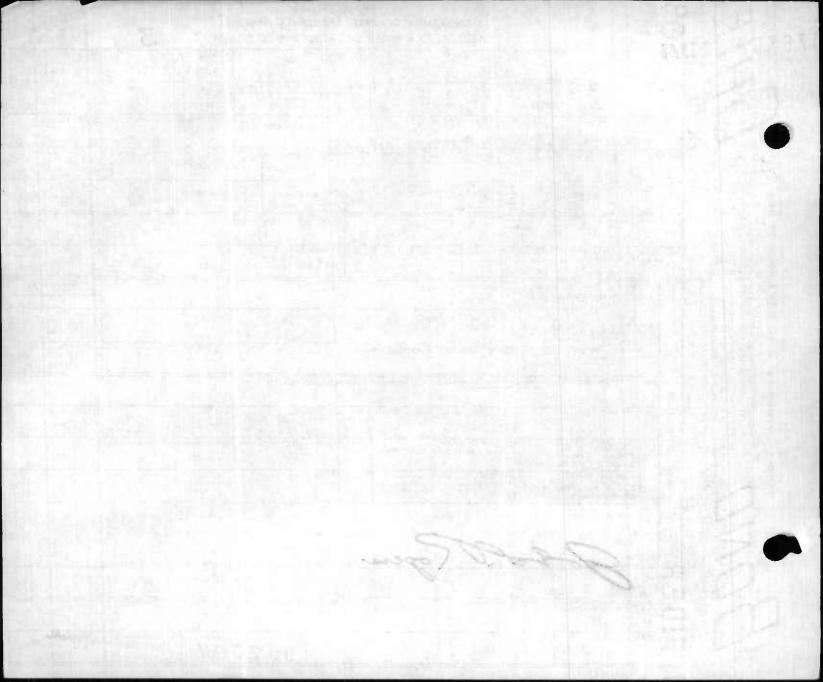
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

George P. Kalas Funeral Home

		FOR	DI	EPARTMENT OF	HEALTH	AND MENTAL H	YGIENE	
6707 DEC 31		STATE REGISTRAR	MED	ICAL EXAMIN	NER'S C	ERTIFICATE O	FDEATH / REG NO 6	0 8 2
) / U / DEC 31	1 St /	CEASED NAME FIRST		MIDDLE		LAST	20 DATE KNOWN W MONTH	DAY YEAR Zb. HOUR
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HUSE WA	20.00	REIGH COUNTRY)				ED X NEVER MARRIE	ED U	
### JUL	100	New York	United St	tates ITAL, NURSING HOM	WIDOW		Montgomery Cou	
NETH X	Porce	OF DEATH	(IF NOT IN SUCH FACI	LITY, GIVE STREET ADDRESS		EK INSTITUTION	FOR MOST OF WORKING LIFE)	OR INDUSTRY
10 35 100	S	Iver Spring	Holy Cro	ss Hospita	11		Lawyer	State Dept.
5 5035026	13e S	TATE 13b. COU	OR OTHER INSTITUTION, GIVE	134. CITY OR TOWN	SION)		13e. STREET ADDRESS	/ 20002
E 3348E	M	aryland Monte	gomery	Silver Sp	ring	YES NO X	2200 Evans Drive	/ 20902
O HIS NEW	14 F/	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDE	NNAME	LAST
BALTIMORE, MD. RS AFIER DEATH I. GIVE PAGES 1. WITH FORM PM PAGES 1. PAGES 1. PAGES 1. PAGES 1.		Cecil	E.	Brathwai		Lilliar		Parris
NO PAGE		VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECUR	TY NO.	17 INFORMANT	ADDRESS	
AFTER PARTER PROPERTY FOR THE PROPERTY		No		052-24-3	438	Viola R. I	Brathwaite, Same a	ıs 13
		18 CAUSE OF DEATH (Enter of		or (o), (b), and (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON ST., 24 HOL ITEM 18 LIONG PERMIT. GIENE, (15	PART I DEATH WAS CAUS	ED BY: ATE CAUSE (a) AC	cute Myoca	rdial	Disease		
	-	MANEDI		S A CONSEQUENCE				
THIP ER EN OVA		Conditions, if any, which						
		gove rise to immediate cause (a) stoting the under		S A CONSEQUENCE	OF			
S, 301 W. PREST EECUTED WITHIN AL EXAMINER A BURRAL-TRANSIT BURRAL-TRANSIT ON, OR REMOVAL		lying cause last.	(c)					
SECU G" IN GAL E BUR AND ON, O		PART 2 OTHER SIGNIFICANT CONDITION		JT NOT RELATED TO THE TEL	MINAL DISEASI	OR CONDITION GIVEN IN PAI	RT Liai.	
CORD BE E) BE E] B	Z	None						
L RECORDS, 3 ULD BE EXEC. "PENDING" "PENDING" "PENDING" "PENDING" "PENDING" "PENDING" "PENDING" "PENDING"	A E	190. DATE OF OPERATION	19b. CONDITI	ON FOR WHICH OPE	RATION W	'AS PERFORMED?		20 AUTOPSY?
TALR ROUPER DE LOSE	1 =	None						YES NOX
OF VITAL PATE SHOULTHE CHIEF TO BE USE ARNY OF HERENT OF	ER	210 EXTERNAL CAUSE WAS	21b. TIME OF			OW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM 18 PART I OR	PART 2)
PECA THE OUT OUT OUT TO B	A P	UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M.	MONTH DAY YEA	AE		Service of the servic	
	MEDICAL CERTIFICATION	214 INTURY OCCUPPED	21e PLACE O	FINJURY (ATHOME,		CATION		
DIVISION THIS CERTING ARRITING AREA 3 SHATE DEPARTOR OUT PRIOR	Me	WHILE NOT WHILE AT WORK	STREET, FACTO	ORY, FARM, ETC.)	5	STREET	CITY OR TOWN	COUNTY STATE
E: THIS RWAR RWAR: PAGI		AT WORK - AT WORK						
FOR POR: DATE DATE DO, 2		22a. I certify that I took cha		ribed obove, held an	Autap	sy Inspectial	n [2], Inquiry [], and in my	apinian
A TOTO		death resulted fram: Not	urol causes X.	Accident ,	uicide 🔲	. Homicide	Undetermined monner,	
EXA CERT DILD DIRE WITT		ACTUAL /	0 00			TITLE (SPECIFY)	DAI	
AL HOUTH		SIGNATUR	0	loge	M	Deputy	MEDICAL EXAMINER SIGN	ENED_12-26-87
DEA S DEA		EXAMI SP NAME		0			9 Seminary Road	
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BA TWORE, MARYLAND, 2	1		hn S. Roger					910
DX 4 D A A	23a.B	URIAL, CREMATION, REMOVAL		23c. NAME OF C	EMETERY O	R CREMATORY	23d. LOCATION CITY OR TOWN CO	DUNTY STATE
BP		Cremation	12-29-87		ill C	rematory	Suitland, Mary	land
DHMH - 17	24. F		hard Rapp				REC'D. BY REGISTRAR 25b. REGISTRAR'S	SIGNATURAL
(VR A15 ME (5)) 15M 7/76		P. O. Box 433	52, Washin	gton, DC	20010	DEC	30 1981	

STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 22 AREGISTRAR REG. NO . DECEASED NAME ANIDOLE 20 DATE OF DEATH MONTH (TYPE OR PRINT) deoth d poge 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH 3. SEX MONTH YEAR 7a. BIRTHPLACE TO CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH (STATE OR FOREIGN MARRIED NEVER MARRIED Maryland WIDOWED 20 USUAL OCCUPATION (TYPE OF WORK FOR A QST OF WORKING LIFE) NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION DISTRIBUTOR USUAL RESIDENCE (IF NURSUIG HOME OR OTHER INSTITUTION 130 STATE GIVE RESIDENCE BEFORE ADMISSIONS MON SITY OR TOWN 13d. INSIDE CITY LIMITS? 24 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE LAST MIDDLE FRANCES ALPHEUS ELWOOD BRAY L. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Poge NO LUCIA W. BRAY/WIFE/SAME AS 13 216-30-4015 18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to troug Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF otho underlying couse 5 CERTIFICATION emia 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 190 DATE OF OPERATION ď buriol-tronsit peri 21b. TIME OF INJURY 21c HOW INJURY OCCURRED 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH mo. SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [(IF EITHER NOTIFY MEDICAL EXAMINER 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE STREET AT HOME STREET, FACTORY, OFFICE FARM, ETC } NOT WHILE 27a.1 certify that (1) (this haspital) attended the deceased from (ny) (our) opinion death occurred on the date and hour and from the couses stated sow the deceased alive on above. (1) (we) did (did not) view the body after death and that in DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 234 LOCATION 230 BURIAL CREMATION, REMOVAL CITY OR TOWN (SPECIFY) ROCKVILLE CEMETERY 15,1987 ROCKVILLE BURIAL DEC

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

should be detor

IMPORTANT

FUNERAL DIRECTOR.

50

500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

FRANCIS J. COLLINS, JR.

MONTGOMERY MARYLAND

26 HOUR

176 KIND OF BUSINESS OR

ARNOLD BAKERY

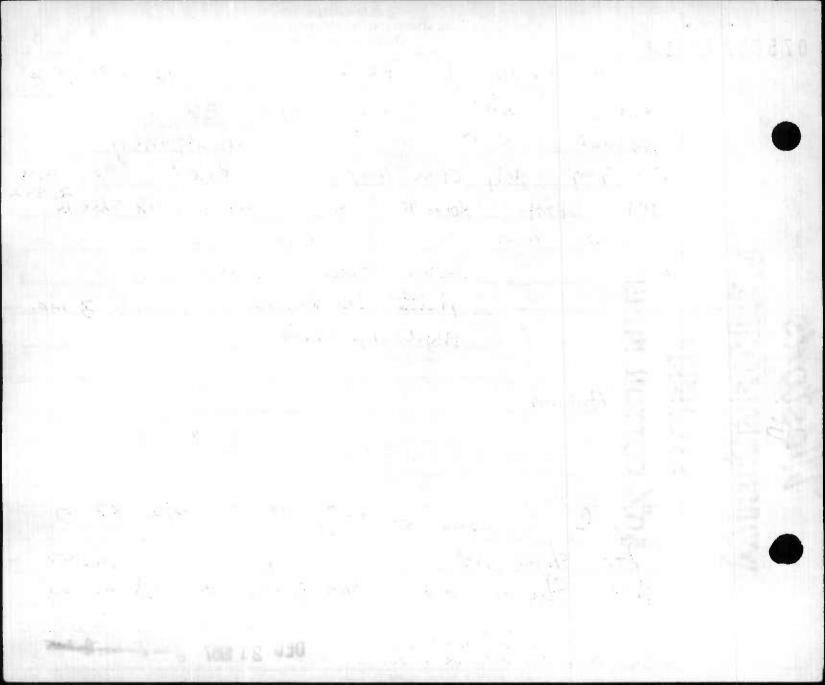
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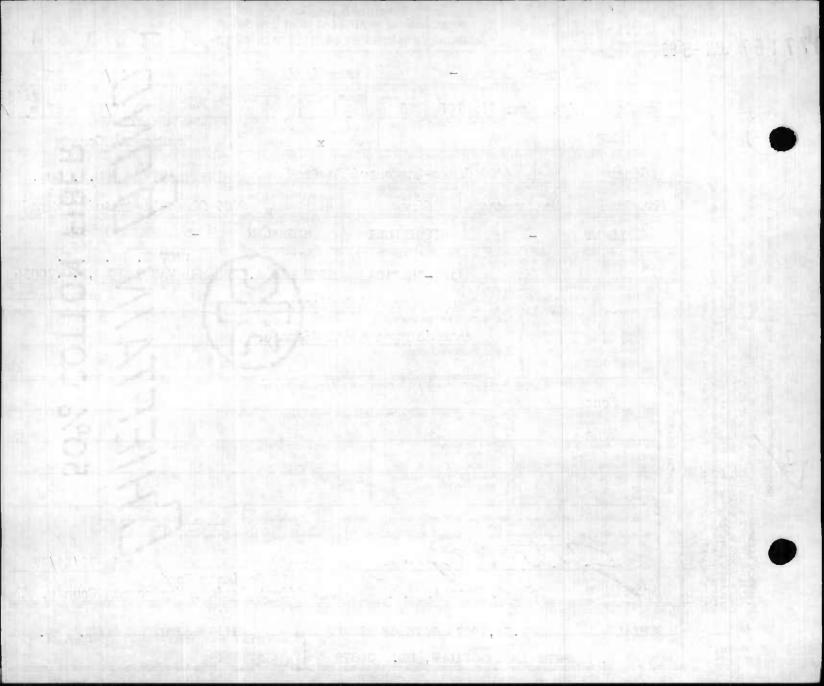
DAYS

IF UNDER I YEAR

DE BATE REC'D. BY REGISTRAR 356 REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH OO REGISTRAR CEASED NAME DATE KNOWN X YEAR 26 HOUR (TYPE OR PRINT) OF ESTI-Janet Brazdionis 51, 2, AND 3 TO THE FUNERAL DIRECTOR.
PR. 3. RETAIN PAGE 5 FOR YOUR FILES.
NO 2 SHOULD BEFILED, WITHIN 72 HOURS.
ALTAL RECORDS, 201 W. PRESTON STREET, DEATH MATED 12/ 28 87 19 4 RACE 3. SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Mar. 11. 73 Female White. 1914 12/28 DEAD 19 87 P 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED NEW JERSEY USA Montgomery County WIDOWED X DIVORCED 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 4009 Olney-Laytonsville Road Olney ADMINISTRATIVE U.S. GOV. 20833 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 113e STREET ADDRESS Olney 4009 Olney-Laytonsville Road Maryland Montgomery FATHER'S NAME IS. MOTHER'S MAIDEN NAME 18. GIVE PAGES 1, 2 WITH FORM PM 3 CIESTELSKI MAGDALEN ADALBERT BRUSZNIEWSKA 17. INFORMANT 16h SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 1707 N. St. N. W. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WASHINGTON.D.C.20036 NICHOLAS A. ADDAMS 137 - 30 = 7124CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Acute muocardial disease IMMEDIATE CAUSE (a) PENDING" IN PENCIL INTERPLET EUSED AS A BURBAL - TRANFET OF HEALTH AND MENTAL HERMALL, CREMATION, OR REFORMED DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which chronic myocardial disease. gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION None CHIEF A 196. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHI TO ENVERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BIOR None NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21L LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE 22a I certify that I took charge of the remains described above, held an Autopsy Natural couses X death resulted from: TITLE (SPECIFY) ACTUAL Deputy DATE 12/29/87 MEDICAL EXAMINER SIGNATUR 1919 Seminary Road EXAMINER'S NAME John S. Rogers, M.D Silver Spring, Montgomery County, MD (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 07/B4 BURTAL DEC. 31, 1987 GATE OF HEAVEN SILVER SPRING MONT 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 LAYTONSVILLE, MD. 20879 (VR A15 ME (5)) MURIEL H. BARBER



injury, or other troumotic event,

IMPORTANT: If hem 21 is morked or hem 18 sh

of director, page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH A CEDTIEIC ATE

ND MENTAL HYGIENE			-
OF DEATH	8	PEG NO	5

						STATE	OFMARTLAND					
23	87	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	B ZREG. N	. 3 6	0	3	5
		CEASED NAME	FIRST	A	AIDDLE	Į.	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOU	UR
	1117		eulah		Р.	В	rewer	December :	16, 1987		1:30	0 PM
ď	3 SE	(4. RACE		5. DATE C		THDAY) IF UN	DER I YEAR	IF UNDER	R 24 HRS	
	F	emale		Caucas	ian		2, 1912	75	YRS	o o o o o	1,0023	
7		RTHPLACE (STATE OR	FORE IGN	76. CITIZEN OF WHAT COUNTRY? 8			NEVER MARRIED	COUNTY OF	DEATH			
	M	aine	1.75		States	WIDOWE	D DIVORCED	Montgomer				MD.
7	10 C1	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSI H FACILITY, GIVE STREE		R OTHER INSTITUTION	12a. USUAL OCCUPATI		26. KIND O NDUSTRY	F BUSIN	ESS OR
		ckville					Hospital	Treasurer			nary	
5	130. 5	AL RESIDENCE (IF NURS TATE aryland	136 COUN	ITY	GIVE RESIDENCE BEFO 131. CITY OR TO Faithers	WN	13d. INSIDE CITY LIMITS? YES K NO	13e STREET ADDRESS 403 Russel	ZIP CODE	e #70	2/20	0877
_	14 FA	THER'S NAME		MIDOLE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE		100		
2		Byron			rewer		Augusta	MIDDLE		Farnh	am	
7		VAS DECEASED EVER		MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT				2 Ste	evens La	ne		
		no	(# 123, 314)	E WAR OR DATES!	577-05-	6628	Lilly A. Rob		nacle, 1		8088	3
		18 CAUSE OF DEAT PART I. DEATH W		BETWEEN C								
	7	Conditions, if ony gove rise to im- couse (o), statu- underlying couse PART 2 OTHER SIGN	mediote ng the lost	(c)	R AS A CONSEOU		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN II	N PART 10	0	
	NOIL	Ovarian										
2	CERTIFICAT	19a DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO【X】	20b. IF YES, WE IN CERTIFYING YES	G CAUSES		TH?
7		OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR	21¢. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)		
/	MEDICAL	21d INJURY OCCUR		21e. PLACE (OF INJURY EET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN (COUNTY		STATE
		sow the deceos obove, (1) (we) (ed olive on	Decemb	er 10 19		d that in (my) (our) opinion o	to Decembe			that (1) (
1		22b. SIGNATURE	1	Ulin	ili	w		MEDICAL STA	CIAN	12/10 12/10	SIGNED	7
/	1	224 PHYSICIAN'S N.	AME (TYPE O	R PRINT)			22e ADDRESS 911 No	orth Russel	1 Avenue	>	. /	
	1			lnick, M	I.D.		Gaith	ersburg, MD	20879			
	23a E	SURIAL, CREMATION, SPECIFY Buria		23b DATE I	Jec.		emetery or crematory oln Cemetery	23d LOCATION CITY OR TOWN Brentwo	ood, Mary	yland		STATE
14	24 FU	INERAL DIRECTOR R	obert ockvi ntgom	A. Pump lle, Ind ery Ave	chrey Full ADDRESS Rockvi	neral lle, M	UEG	22 1987	210 REGISTRAR	S SIGNA	URE	A

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending pfly should be detached for use as the burial-transit permit. Then please remove corbango with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remov

753	5 7 000	,]	1 -	FOR STATE REGISTRAR			DEPARTA	AENT OF H	E OF MARYLAND BEALTH AND MENTAL HYO ICATE OF DEATH	8 / REG. N		6	0	8 6
100	poge 3			EASED NAME OR PRINT) C/	ARK C	ark	E.	(Brown Brown	20. DATE OF DEATH	12-	12-	87	2 · 35 M
	mo)	3	SEX			4. RACE		5. DATE O		6. AGE (IN YEARS LAST BE	RTHDAY}	# UNDE	RIYEAR	IF UNDER 24 HRS
	ge 4			Male		Whi	te	Febru	ary 15, 1904	83	YRS.	Morens	DATE	MIN.
-	Pour Pour	1		THPLACE STATE OFFO	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	1	DE NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DE	ATH	
	nero nero	4		Kansas	41	United	States	WIDOW		Montgomer	y Cou	inty		MD
	e Ile	19	0 CIT	Y OR TOWN OF DEAT	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT			KIND OI	F BUSINESS OR
5	To your Park	XS	Sil	ver Spring			ross Hosp			Engineer			Priva	ate
VD 212	USUAL RESIDENCE (# NURSING HE 130. STATE 130. STATE 130. Maryland Mc 14 FATHER'S NAME FIRST Clark						I GIVE RESIDENCE BEFORE I 3t. CITY OR TOW Chevy Ch	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 5126 Brad	llov F	5v.ls	, .	20815
TAN TAN	the the	7	-	THER'S NAME	HOIL	gomery	chevy ch	450	15. MOTHER'S MAIDEN NA		itey I	JI V(I	• / -	20013
¥	1 11/1	1		Clark		MIDDLE E.	Brown		Josephin	WIDDLE	7	ACMi.	lliar	
	1 74	i i	6a W	AS DECEASED EVER II			166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR		ICHI.	LIIGI	113
BALTIMORE	1 19 1		(YE	es, no or unknown)	I IF YES, GIV	E WAR OR DATES)	114-05-8	049	Gertrude S.	Brown, San	ne as	13		
201 W. PRESTON ST., BA	that the draft celfical by the date of the properties of the prope			Conditions, if any, gave rise to imm cause (a), stating underlying cause	AS CAUSE IMMEDIAT which ediate	D BY: E CAUSE (a) DUE TO, C	OR AS A CONSEQUE	YOK ENCE OF 1C	BRAIN S	ZYNDY2E	DME		1 W	MATE INTERVAL DISET AND DEATH JEEP K
	signer signer hen pl to burn			PART 2 OTHER SIGN	IFICANT (CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COM	IDITION G	IVEN IN	PART 1co	1.
DIVISION OF VITAL RECORDS,	ysicion. cate has been ansit permit. Hygiene prior	2	CERTIFICATION	190 DATE OF OPERAT	ION	196. COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT			IGS USED OF DEATH? NO
4 OF VITA	HYSICIAN: T ding physici is certificate burial-transi Mental Hyg ar Item 18 sh	100		21a. ACCIDENT WAS UNDE OR CONTRIBUTING CO	AUSE OF DEA	TH HOUR A	DE INJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJ	JRY IN ITEM 18	PARTION	PART 2)	
IVISION	OING PHYS or offer this e as the bu alth and M marked ar		MEDICAL	21d. INJURY OCCURRI	LE 🗍		OF INJURY IREET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OR TO	OWN	cc	PUNITY	STATE
	TTEN priol TOR: for us of He	1		22a.l certify that (I) (saw the decease above, (I) (a)	d alive on	10/	12 195	37.	nd that in (my) (opinion	death occurred on the c	late and he	19 6 our and f		that (II (we) lost causes stated
•	by the has by the has VERAL DIREC be detached State Dept.			22d PHYSICIAN'S NA		BK	for	w	ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STA		2:	12/1	3/87
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BP______ DHMH - 16 50M 1/81 (VRA 15, 4) Cremation 12-14-87 Metr

74 FUNERAL DIRECTOR Richard Rapp, Inc.

P. O. Box 43352, Washington, DC.

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

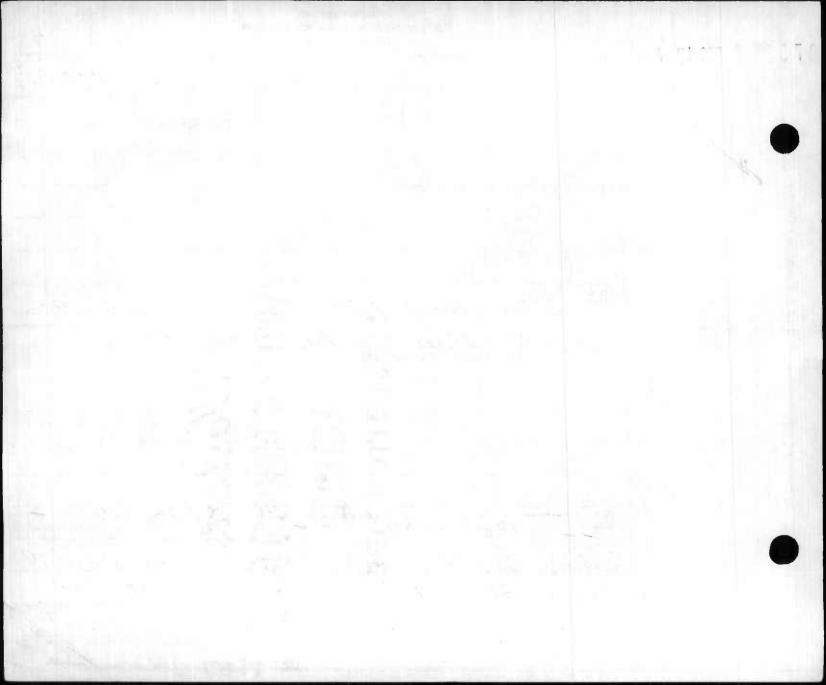
23c NAME OF CEMETERY OR CREMATORY
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Virginia st

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DE ASED NAME 20. DATE KNOWN THE MONTH ESTI-Deborah DEATH MATED 31 19 87 Brown 1 SEX 4. RACE & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 2d HOUR DAY YEAR LAST BIRTHDAY) PRONOUNCED 9:05P DEAD 31 1987 WHITE JULY 29. FEMALE 1957 In BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED X MARYT, AND U.S.A. Montgomery County 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS D CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION HE NOT IN SUCH FACILITY GIVE STREET ADDRESS) OR INDUSTRY Silver Spring OPTICAL ASSISTANT Holy Cross Hospital OPTOMETERY Us STATE 13h COUNT 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN MONT GATTHERSBURG YES X 19108 RHODES WAY 20879 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST K. CLICK CILIMBERG PATRICIA 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS LYES NO OR LINKNOWN 216-74-9675 (SAME AS ITEM PATRICIA CILIMBERG 18 CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Multiple drug intoxication PRESTON DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO. OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 3019 87 Ingested prescription and other drugs 214 INJURY OCCURRED 21e PLACE OF INJURY 21L LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK Aspen Hill Rd, Silver Spring, Mont, MD. home 22s. Licertify that I he of the nins described above, held an Autopsy Inspection L X Undetermined manner Accident TITLE (SPECIFY) DATE 1/2/88 Chief MEDICAL EXAMINER John E. Smialek, M.D. ADDRESS. Balto., MD. Penn St. TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 1-2-1988 CREMATION CHAMBERS CREMATORY RIVERDALE. P.G.C. Md. 07/84 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH - 17** W. W. CHAMBERS CO. INC. SILVER SPRING.Md. (VR A) 5 ME (5))

C. Type (C. Type)

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0 € 5 € ¥ ₹		BURIAL, CREMATION, REMOVAL	23b DATE	23¢ NAME OF CEMETERY C	OR CREMATORY	23d LOCATION CITY OR TOW	N	COUNTY	STATE

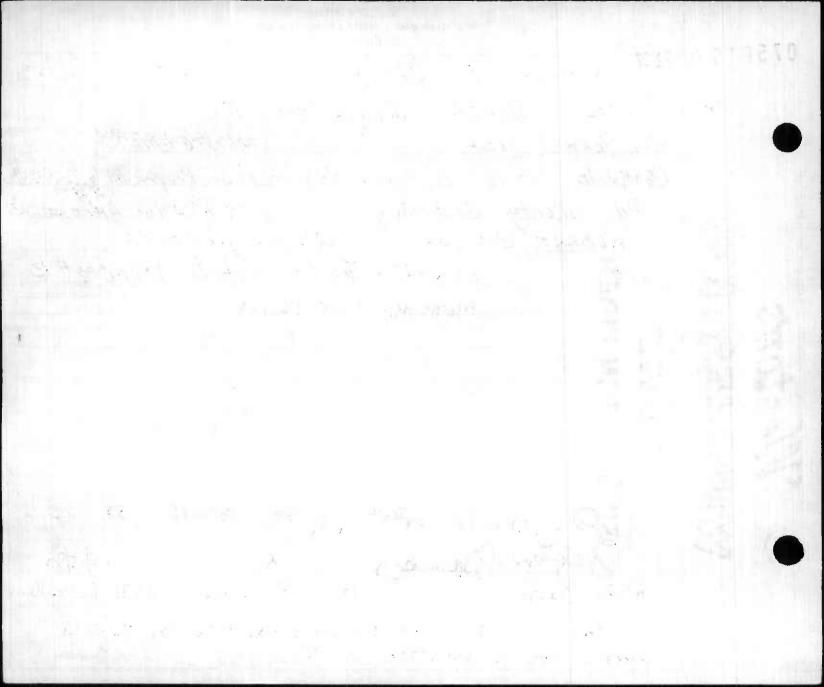
DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial 12-2

74 FUNERAL DIRECTOR

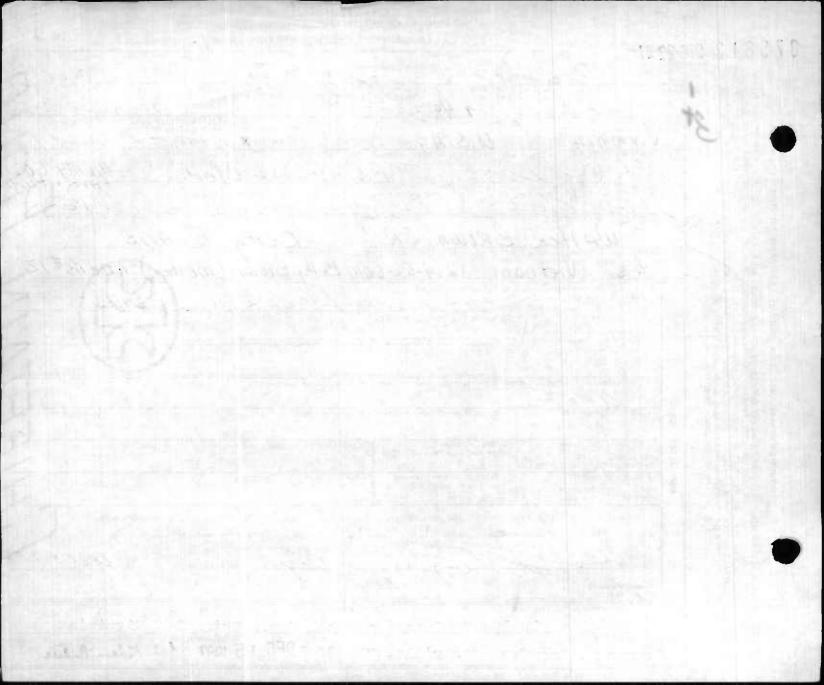
George R. Snowden

12-21-87 Quantico Nat'l Cem. Triangle, Virginia
rden Rockville, MD20850EC 18 1987



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE DECEMBED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-OF DEATH MATED 4. RACE DATE LAST BIRTHDAY) DEAD 19 To. BIRTHBLACE BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED DIVORCED X ID CITY OR TOWN OF DEATH WSUAL RESIDENCE (IF IN BURSING HOME OR OTHER INSTITUTION, GIVE REPODENCE BEFORE ADMISSION 3a STATE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME EIRST BALTIMORE. IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO INFORMAN' (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) AL EXAMINER ALONG W URIAL - TRANSIT PERMIT. ND MENTAL HYGIENE, D BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 8 ED AS A E CERTIFICATION INER: THIS CERTIFICATE SHOULD ICATE, WRITING THE WORD "PER FORWARDED TO THE CHIEF M. TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEAD AND, 21201 PRIÐR TO BURIAL, C. USED / 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO A 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UOR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION AT WORK AT WOHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALLIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described obave, held an Autopsy and in my opinion Natural causes death resulted from: Accident Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL MEDICAL EXAMINER XAMINER'S NAME TYPE OR PRINT 238 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 12-16-87 Triangle, Burial Ouantico Nat'l Cem. 07/84 BP. 25M 24 FUNERAL DIRECTOR **DHMH - 17** George R. Snowden Rockville, MD 208501

(VR A15 ME (5))

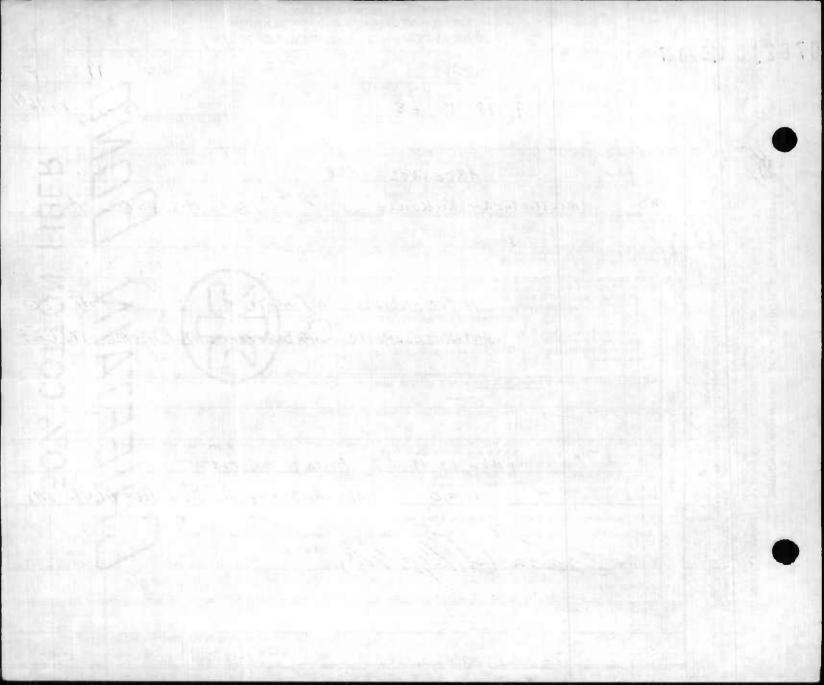


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR LEASED NAME 20 DATE KNOWN P. Thomas 87 R FILES. HOURS STREET, Brutscher DEATH MATED Dec. 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE 1609 LAST BIRTHDAY PRONOUNCED Male Cauc. 8 YRS 2. 198 To BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED FOREIGN COUNTRY! Pennsylvania United States DIVORCED | Montgomery County WIDOWED 1 10 CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Rockville Printer 12603 U.S. GPO KDENNES LUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 20851 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRES ROCKVILLE MINTGOLYETRY 3603 ARDONNES 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE available O'Halloran Bridget Not 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS Mt. Airy, Md. 21771 Kathryn A. Blackford, 713 Long Corner Rd. (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) WW 2 173 12 9383 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY INFARCTION ACUTG IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. USED AS A BUR OF HEALTH AND IRIAL, CREMATIC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION THIS CERTIFICATE SHOULD WRITING THE WORD "FE WARDED TO THE CHIEF A PAGE 3 SHOULD BE USED. TATE DEPARTMENT OF HE 21201 PRIOR TO BURBAL, C 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES ___ NO X 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) PMP.M. 12 19 OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21d INJURY OCCURRED 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) ARDENNES AWROCKUING MONT. MY OMG EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PY
REED DEATH, WITH THE SIX
BALLIMORE, MARYLAND, 2 220. I certify that I taak charge of the remains described above, held an Autopsy MEDICAL EXAMIN ECUTE THE CERTIFIC GE 4 SHOULD BE death resulted from: Natural causes Hamicide ___ Accident Undetermined manner TITLE (SPECIFY) DATE Dec.22,1987 Deputy MEDICAL EXAMINER 8200 Wisconsin Avenue EXAMINER'S NAME Francis C. Mayle, M.D. Bethesda, Maryland 20814 (TYPE OR PRINT) 23g BURIAL CREMATION REMOVAL 23b DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Silver Spring, Maryland Burial Dec.29,1987 Gate of Heaven Cemetery BP. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Robert A. Pumphrey Funeral Home, DHMH - 17 Rockville,

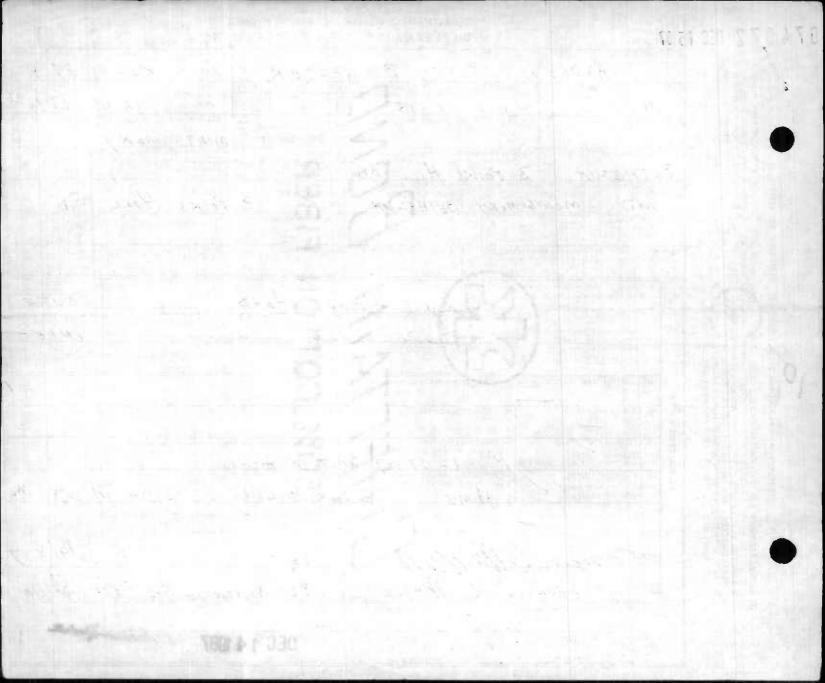
300 W. Montgomery Av., Rockville, Md. 20850

(VR A15 ME (5))

me personal promount



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 8 REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. DECEASED NAME 2ª DATE KNOWN (TYPE OR PRINT) OF ESTI-NDRE DEATH MATED GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR.
WITH FORM PM. 3. RÉTAIN PAGE 5 FOR YOUR FILES.
PAGES 1 AND 2 SHOULD BRÊTRED, WITHIN 72 HOURS DIVISION OF VITAL RECORDS, 201 W. PRESCON STREET, 3. SEX IF UNDER 24 HRS 2d HOUR DATE OF BIRTH DATE MONTH LAST BIRTHDAY) DAY PRONOUNCED 04 198 DEAD .1952 Cauc. March 12 b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 7a RIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) New York United States WIDOWED DIVORCED MONTGOMER County ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Scientist Computer USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3 POOKS 13c CITY OR TOWN 13a STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? MONTGOMERY BETHESDA MD 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST FIRST FIRST Zachary Buchalter Joan Fass 5380 North Grey Mountain Trail 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO. OR UNKNOWN) No Not Avail Zachary Buchalter Tucson, Arizona 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: CUTE GUNSHOT IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which RESSIA gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED EXECUTE THE CRETIFICATE. WRITING THE WORD. "ENDING" IN PROGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMEDISAL WITHOUTH SHOULD BE USED AS A BURIAL." AFTER DEATH, WITH THE STATE DÉPARTMENT OF HEALTH AND MÉTABLIT MORE, MARYLAND, 21201 PRIOR TO BUJLIAL, CREMATION, (lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR HOUR A.M. MONTH DAY YEAR UNDERLYING SHOT CONTRIBUTING CAUSE OF DEATH 071987 21d INJURY OCCURRED TE PLACE OF INJURY (AT HOME 211 LOCATION AT WORK AT WOLLE STREET, FACTORY, FARM, ETC. 22a. I certify that I took charge of the remains described above, held an Autopsy Suicide L Votorol couses deoth resulted from: Undetermined manner TITLE (SPECIFY MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Dec. Tucson, 1987 07/84 Evergreen Cemetery BP Burial Pima 25M 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home, Bethesda-Chevy Chase, Pumphrey Funeral Home, **DHMH - 17** (VR A15 ME (5)) 7557 Wisconsin Ave. Bethesda, Maryland



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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,		FOR STATE REGISTRAR			CERTIFICATE OF DEATH RECTAL No. 198 6 9 2					
	TYPE (EASED NAME FIRST PRINT! Harr	4	MIDDLE	Bu	ckley	2a DATE OF DEAT	484	AY YEAR	0835A
	3 SEX	MALE		icas ion	S. DATE C		6 AGE (IN YEARS LA	YRS	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN,
1	K	KSNSAS USA		A MARRIED WIDOWE OF HOSPITAL, NURSING HOME O		DIVORCED	9 BALTIMORE CITY OR COUNTY O MONTGOMERY		MD.	
5		CITY OR TOWN OF DEATH ROCKVILLE SHADY GROVE STR					120 USUAL OCCUPATION (TYPE A BORER OST OF WORKING LIFE) INDUSTRY CHEMICAL CO.			
1	13a S1	TATE 136 COUNTHER'S NAME	T.	GATTHER	WN	13d INSIDE CITY LIMITS? YES TO D 15 MOTHER'S MAIDEN NAM	408 GTRA	RD ST.	208 77	Ţ
1	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SEC			URITY NO.	MARY 17 INFORMANT	Al	NKNOWN DDRESS			
	**** 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b),						E AS # 1	APPROXIMATE INTERVAL		
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIE/CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							N IN PART 110	years
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7	CAL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTHY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify thay (1) (this haspi	P. 21e PLACE (AT HOME STI	M. MONTH [M. OF INJURY REET FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET 29 89 89 89 89 89 89 89 89 89 89 89 89 89		ORTOWN	COUNTY	STATE that (1) we) lost
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	23a Bi	URIAL, CREMATION, REMOVAL	23b DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	state.
	24 50	CREMATION	DEC.5	1987	BALT. W	ASH. CREMATORY	LAUREL			

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT, II III

LAYTONSVILLE, MD. 20879 MURIEL H. BARBER

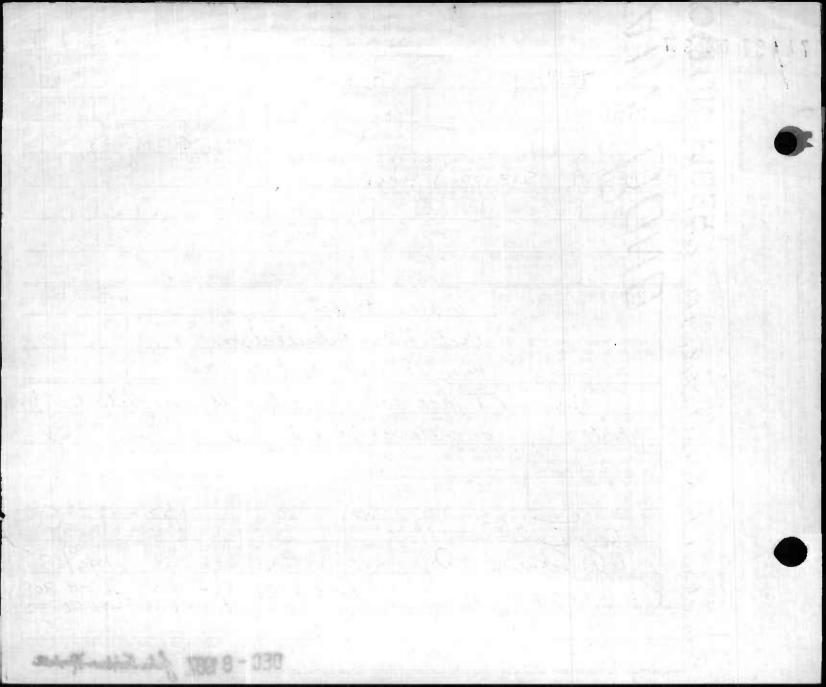
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STATE OF MARYLAND

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4		RTHPLACE (STATE	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIE	D []	BALTIMORE CITY OR COUNTY	OF DEATH
		shington	, DC	United	States	WIDOWE			MONTGON	(ERY CountyMD.
2	10 CI	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTIO	NC	12a USUAL OCCUPATION 1TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR E) INDUSTRY
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	USU A 130. S	AL RESIDENCE (F	NURSING HOME O	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	136. INSIDE CITY LIM	AITS?	13e.STREET ADDRESS / ZIP CODE	
3	_Ma	aryland	Mont	gomery	Bethesda		YES NO		9417 Balfour Dr	
8	H FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAID		ANDDLE	LAŞT
ğ	F	Henry	F	Rubian	Burch		Cathe	rine		Jennings
7		VAS DECEASED E		RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS	
5		No	(11 125,0)	THE WAR ON DATES	219-03-3	835A	Norma A.	Bur	ch, same as #13	
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7		PART I. DEA	TH WAS CAUS IMMEDIA	TE CAUSE (a)	Car di	ac (Irrest			
P				DUE TO, C	R AS A CONSEQUE	NCE OF	-11.	11	1	
3		Conditions, if	any, which	(b)_	Ventre	cula	1 tiller	Rec	llen	
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0		underlying o	ouse lost.	103_	Heypert	eno	we near	10	elsectae	
7	z	PART 2. OTHER	SIGNIFICANT	CONDITIONS C	ONURBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERM	NAL DISEASE OR CONDITION GIV	ENIN PART TO MO
3	ATIO	19a DATE OF OF	PERATION	196. COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	en	200 AGTOPSY? 206 IFFYES	, WERE FINDINGS USED
7	FICA		100	C.	matel	De	11/1/2	B	IN CERT IF	YING CAUSES OF DEATH?
8	CERTIFICATION	710. ACCIDENT W	S UNDERLYING [216. TIME C	OF INJURY	70,0	121c HOW INJURY	OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18 F	S NO D
D	11 0	OR CONTRIBUTING	CAUSE OF DE	HOUR A	.M. MONTH DA				(EMERICATION OF HOME)	
2	DHC.	21d. INJURY OC	CURRED		OF INJURY	19	21f LOCATION			
7	ME	THERE N	OT WHILE		REET, FACTORY, OFFICE, F	ARM ETC)	STREET		CITY OR TOWN	COUNTY STATE
7	-	222	at (I) This has	nital attended th	he deceased fram_		11/23 10	82	10 11/27	19 67 that (liviwe) last
6				at view the bady	7	7 .01	nd that in (my) (our)	opinion o	death accurred on the date and hou	r and from the causes stated
1		226. SIGNATUR		at) view the bady	after death.		DEGREE			22c. DATE SIGNED
9		120	2/	aneno	mv.		ATTENI PHYSI	DING TO	MEDICAL STAFF DIRECTOR PHYSICIAN	12/6/57
		226 PHYSICIAN	S NAME TYPE	OR PRINT)	1		22e. ADDRESS		111 - 012	
2		DR	. Dos	11/6 N	1.0-		11125 1	ROC	KUILLE FIRE	3 JUITE 309
6	23a. B	BURIAL, CREMAT	ION, REMOVA	L 236 DÁTE	23c. 1	NAME OF C	EMETERY OR CREMA	ATORY	23d LOCATION	15/11/2015Z
3	- 1	SPECIFY) Buri	al	Dec. 9	, 1987 P	arkla	wn Memoria	<u>1</u>	Rockville, M	aryland
7	24 FL	JNERAL DIRECTO	RRobert	A. Pum	phrey Fun	eral	Home/	250 DATE	REC'D. BY REGISTRAR 256 REGIST	
0	75	557 Wisc	onsin A	Ave. Bet	hesda, MD	208	14	DI	EC - 8 1097 Julia	Veriday-Randelli



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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TO FUNERAL DIRECTOR: should be detoched with the Stote Dept IMPORTANT: IF

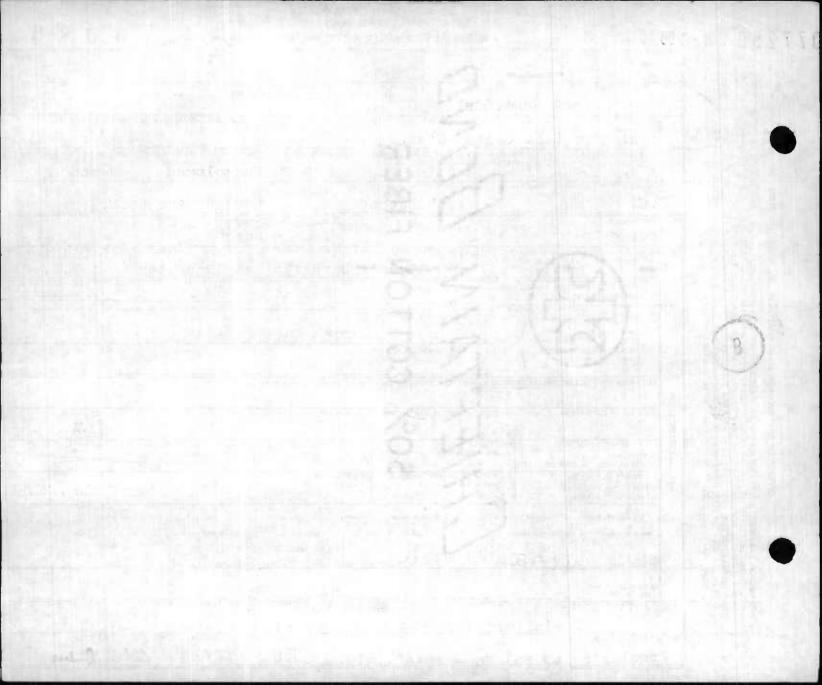
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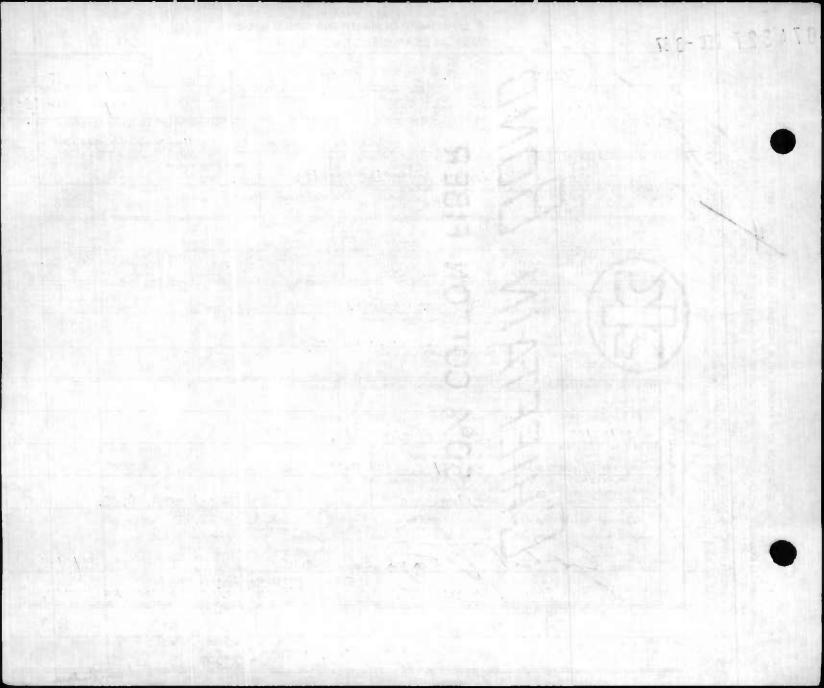
etoined by the hospital

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

SEX		- STATE			DEI ARTI	CERTIF	ICATE OF DEATH	8 REG. N	10.	6 0	9 4
Nargaret Brennan Burch December 7, 1987 9:000			FIRST	· · · · · · · · · · · · · · · · · · ·	MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
SEX			Margar	et Br	rennan	Burc	h	December 7	, 198	7	9:00p A
Female Caucasian September 23,1900 Rockville Ties and the process of the proc	3. 5							6. AGE (IN YEARS LAST BI			IF UNDER 24 HRS
Texas United States DNORCED MARRIED DNORCED MONTGOMEN DNORCED DN		Female		Caucas	sian			87		MONTHS DATS	MOURS MIN.
The Control of Death The NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (If YOU ADDRESS OF WORKING UP) The NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (If YOU ADDRESS OF WORKING UP) The NAME OF HOSPITAL STATE The NAME	7a.	BIRTHPLACE (STATE O	OR FOREIGN			8.				OF DEATH	
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138 STATE 138 COUNTY 138 COUNTY 138 CITY OR TOWN 138 ANSDECTIVE LIMINS? 138 STREET ADDRESS / ZIP CODE 148 MONTH 158 MOTHER'S MADE 148 MODE 148 MO		Rockville	6.736				ing Home				Home
Maryland Montgomery Bethesda YES NOX 7216 Longwood Drive/20817 14 FATHER'S NAME 15 MOTHER'S MADEN NAME 16 MODIE 16 MOTHER'S MADEN NAME 16 MODIE 16 MOD							134 INSIDE CITY HAUTS?	12. STREET ADDRESS	/ ZIP CODE		7
15. MOTHER'S NAME NODE 15. MOTHER'S NAME		Marvland									817
Frederick Brennan Viola Hughes	14.	FATHER'S NAME			1457						
186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17 NEFORMANT Margaret Robey 7216 Longwood Drive Bethesda, Maryland 20817 (Daughter) 435-70-2619 Bethesda, Maryland 20817 (Daughter) 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18 CAUSE OF DEATH (ENTER only one) 18 CAUSE OF DEATH (ENTER only one) 19 CAUSE OF DEATH (ENTER ONE) 19 CAUSE OF DEATH (ESTER) 19 CAUSE	1		ck	MIDDLE				WIDDLE			51
No	160	WAS DECEASED EV	ER IN U.S. AI			RITY NO.	17 INFORMANT Margaret Robe	ev 7216 Lor	rawood		
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)					435-70-2	619				ughter)	
OR CONTRIBUTING CAUSE OF DEATH (# EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED AT WORK NOT WHILE AT WORK 22e. I certify that (I) (this hospital) attended the deceosed from March 14, 19.69 sow the deceased alive an November 15, 19. and that in (my) (aur) apinion death accurred on the date and hour and Iram the couses stated abave, (I) (we) (did) (did nat) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN XX DIRECTOR PHYSICIAN 1987 22e. PHYSICIAN XX DIRECTOR PHYSICIAN 1987		Conditions, if a gove rise to i cause (a), sto underlying con	IMMEDIA my, which mmediate iting the use lost	TE CAUSE (o) DUE TO, OI $ \begin{cases} b \underline{A} \\ b \underline{C} b $ DUE TO, OI	R AS A CONSEOUE terioscle R AS A CONSEOUE Senile I	erosis	s, generalized		ADITION GIV		a
OR CONTRIBUTING CAUSE OF DEATH (# EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED AT WORK NOT WHILE AT WORK 22e. I certify that (I) (this hospital) attended the deceosed from March 14, 19.69 sow the deceased alive an November 15, 19. and that in (my) (aur) apinion death accurred on the date and hour and Iram the couses stated abave, (I) (we) (did) (did nat) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN XX DIRECTOR PHYSICIAN 1987 22e. PHYSICIAN XX DIRECTOR PHYSICIAN 1987	N	Aterios	lerot	ic Heart	Disease	with	angina pector	is			
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220.1 certify that (1) (this hospital) attended the deceased from March 14 1969 to December 7, 1987, that (1) (we) los saw the deceased alive an November 15, 1987, and that in (my) (aur) apinion death accurred on the date and hour and Iram the couses stated above, (1) (we) (did) (did nat) view the body after death. 226 PHYSICIAN XX DIRECTOR PHYSICIAN 1987 226 PHYSICIAN SNAME (TYPE OR PRINT)	10	OR COLUMNIANIO	CAUSE OF DE	HOUR A.	M. MONTH DA		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 F	PART I OR PART 2)	
saw the deceased alive an November 15, 19, 87 and that in (my) (aur) apinion death accurred on the date and hour and Iram the couses stated abave, (I) (we) (did) (did nat) view the body after death. 72b. SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN 8, 1987	MEDI	AT WORK	WHILE	LAT HOME STE	REET FACTORY, OFFICE, F		STREET		1		STATE
226 SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN XX DIRECTOR PHYSICIAN 8, 1987 226 PHYSICIAN SNAME (TYPE OR PRINT)		saw the dece	ased alive a	Novembe	r 15, 10 8	March 37					that (I) (we) los couses stated
			the	er/ K	Dex	hul	ATTENDING			Dece	ember
w. Luther Hall M.D 10000 Wisconsin Avenue Bethesda, Maryland	1							in Amonus I	Pothes	da Mari	hand
236, BURIAL, CREMATION, REMOVAL 23b, DATE 231, NAME OF CEMETERY OR CREMATORY 236 LOCATION	122					1			eches	da, Mary	Tana

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) December 8, 1987 23d LOCATION Montgomery Crematorium COUNTY Bethesda/ Montgomery/Maryland Cremation Inc. ^{14 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home/}
NAME Bethesda-Chevy Chase Inc.
7557 Wisconsin Avenue Bethesda, Maryland 20814 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE dia Sovietor DEC 1





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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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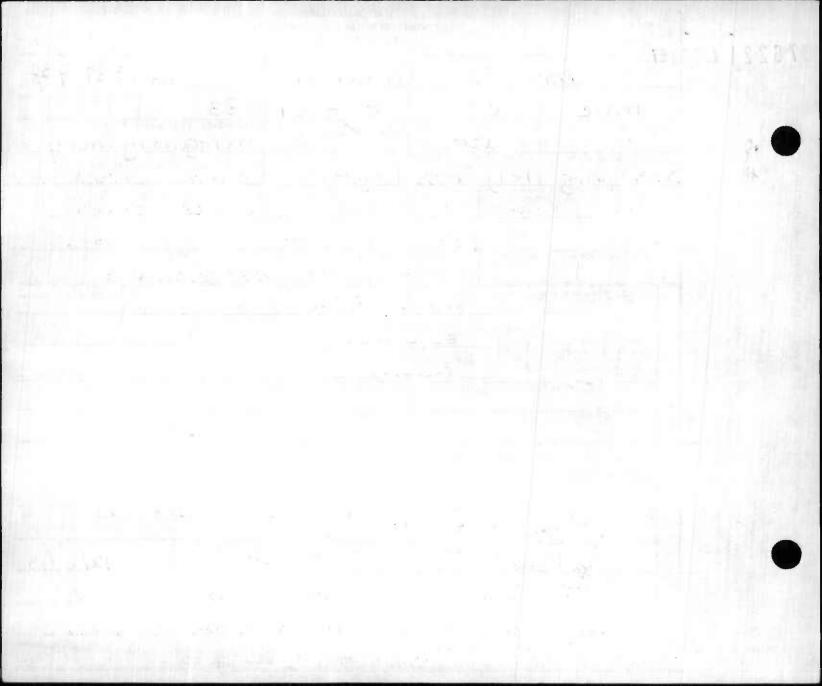
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male		W	5	18 04	83	YRS.	
To BIRTHPLACE (STATE OF	R FOREIGN 76 CITI	ZEN OF WHAT COUNTR	MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	COUNTYO	OF DEATH
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10 CITY OR TOWN OF DE		AME OF HOSPITAL, NUR.		KOTHEK INSTITUTION	128 USUAL OCCUPAT (149E OF WORK FOR MOST (176 KIND OF BUSINESS INDUSTRY
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MARYLAND	MONTGOME	ERY SILVER	SPRING	YES NO	817 MALCOL	M DRIVI	E 20901
14. FATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAST
RUSSELL		CAMERO	ON	MATTIE			BURTON
160 WAS DECEASED EVE	R IN U.S. ARMED FO		CURITY NO.	17 INFORMANT	ADDR	ESS	
YES		578-01-	-9598	HELEN J. CAM	ERON/WIFE/S	AME AS	13
18 CAUSE OF DEA	TH (Enter anly and c	cause per line for (a), (b),	and (c).1				BETWEEN ONSET AND DEA
PART I. DEATH	WAS CAUSED BY: IMMEDIATE CAUS	SE(O) Kejp.	robey	Pallser			
		(c)	リーシャンド				
	SNIFICANT CONDIT	TIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	NIN PART IIa
		HONS CONTRIBUTING T			100 AUTOPSY?	20b. IF YES, V	WERE FINDINGS USED
						20b. IF YES, V	WERE FINDINGS USED ING CAUSES OF DEATH?
190 DATE OF OPER	ATION 19b	B. CONDITION FOR WHI B. TIME OF INJURY HOUR A.M. MONTH	CH OPERATION		200 AUTOPSY? YES NO	20b. IF YES, VIN CERTIFY!	WERE FINDINGS USED NG CAUSES OF DEATH?
190 DATE OF OPER	ATION 19b NDERLYING 21b CAUSE OF DEATH DICAL EXAMINER) RRED 21e	b. CONDITION FOR WHI b. TIME OF INJURY HOUR A.M. MONTH P.M. & PLACE OF INJURY	DAY YEAR	N WAS PERFORMED 216. HOW INJURY OCCURR 216 LOCATION	200 AUTOPSY? YES NO	20b. IF YES, \ IN CERTIFY! YES	WERE FINDINGS USED NG CAUSES OF DEATH?
190 DATE OF OPER 210. ACCIDENT WAS U OR CONTRIBUTING LIFETIMER NOTIFY ME 21d. INJURY OCCU	ATION 19b NDERLYING 17b CAUSE OF DEATH DICAL EXAMINER) RRED 71e (AT	b. CONDITION FOR WHI b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	N WAS PERFORMED	700 AUTOPSY? YES NO ME RED (ENTER NATURE OF INJURE)	20b. IF YES, \ IN CERTIFY! YES	WERE FINDINGS USED ING CAUSES OF DEATH? NO 1
198 DATE OF OPER 210. ACCIDENT WAS U OR CONTRIBUTING [IF EITHER NOTIFY ME AT WORK NOTIVING IN JURY OCCU	ATION 19b NDERLYING	b CONDITION FOR WHI b. TIME OF INJURY HOUR A.M. MONTH P.M. e. PLACE OF INJURY HOME STREET FACTORY, OFFIN ended the deceosed froi	DAY YEAR 19 CE, FARM, ETC.)	216. HOW INJURY OCCURR	TOO AUTOPSY? YES NO E ED (ENTER NATURE OF INJU CITY OR TO	70b. IF YES, VIN CERTIFYI YES	WERE FINDINGS USED ING CAUSES OF DEATH? NO 11 OR PART ?) COUNTY STATE
19a DATE OF OPER 21a, ACCIDENT WAS U OR CONTRIBUTING 18 EITHER NOTIFY ME 21d, INJURY OCCU WHIE NOTIFY ME 27a. I certify that sow the deced	NDERLYING 21b CAUSE OF DEATH DICAL EXAMINER) RRED 21e WHILE (AT ORK 15 Maspital) atternations	b. CONDITION FOR WHI b. TIME OF INJURY HOUR A.M. MONTH P.M. B. PLACE OF INJURY HOME STREET FACTORY, OFFIN ended the deceosed from 12	DAY YEAR 19 CE, FARM, ETC.)	216. HOW INJURY OCCURR	TOO AUTOPSY? YES NO E ED (ENTER NATURE OF INJU CITY OR TO	70b. IF YES, VIN CERTIFYI YES	WERE FINDINGS USED ING CAUSES OF DEATH? NO 11 OR PART ?) COUNTY STATE
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DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the buriol-tronsit permit. Then please ember carbo with the State Dept. of Health and Mental Hygiene prior to buriol, crimplian, or in

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physicion.



STATE OF MARYLAND

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٦	6 AGE (IN YEARS LAST	BIRTHDAY)		FUNDE	RIYEAR	IF UNDER	24 HRS
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		CEASED NAME	FIRST		MIGDLE	-	AST	20 DATE OF	DEATH MONTH	DAY YEAR	26 HOUR
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3 00 1		NEIL.		D.	CAMPBE	T.T.	ALMA	PURN	MIDDLE	EARNS	LAST CITI
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8 P		18 CAUSE OF DEAT PART I. DEATH W	H (Enter o	nly one couse per ED BY.	line fonto), (b), or	nd ic'	~ 10. Pa.	0116	1.00	BETWE	POXIMATE INTERVAL
ST.				TE CAUSE (0)	Chil	D(8	o as auxur	ucare	xeur	LM	Hellett
NO Story				DUE TO, O	R AS A CONSEQU	ENCEOF	11-12-0-	21.	Delsona.	. 4	luc.
PRESTON he death he offit difference of the death mation, by		Canditians, if any		(b)_	Oere	010	Vascular	ullia	vaneas	1	geas
0		gave rise to immo		DUE TO. O	R AS A CONSEQU	ENCE OF					0
1 W. hot t by ti ose r il, cre	1.5	underlying cause	last.	((c)_							
gned E		PART 2 OTHER SIGN	VIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION	GIVEN IN PART	Tra
NG PHEICE AT RECORDS, OSTER HIS SECONDS, AS A REAL OF THE HIS SECONDS. THE HIS SECONDS AS THE PASSES OF THE HIS SPOWS ONY INJURY DISTRIBATION OF THE HIS SPOWS ONY INJURY	CERTIFICATION	Dra	wit	wm	elin	ce					
L prio	B	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTO		YES, WERE FIN	DINGS USED SES OF DEATH?
hos hos	E	5						YES 🗌	NOON	YES [NO [
cote consider the constant of	1 2	210 ACCIDENT WAS UN					21c. HOW INJURY OCCUI	RRED (ENTER NA		18 PART LORPART	21
og physici certhicole rinol-tronsi ental Hyg		OR CONTRIBUTING			M. MONTH D M.	AY YEAR					
dang dang was cer buring Aering Aerin	MEDICAL	21d INJURY OCCUR			OF INJURY	17	211 LOCATION				
/IS Property the property of the conditional conditio	M	WHILE NOT WE	+nE	(AT HOME ST	REET, FACTORY OFFICE.	FARM ETC)	STREET		CITY OR TOWN	COUNTY	STATE
DINC or o or o Afre e os solth- mork		220 certify that (I)		that) asserted the	a decreased from	1111	12 19	84	Attent	10	45 4 11 4 11 11 1
DOR.		,		2 4	A AMERICAN III	876	nd that in (my) (aur) apiniar	death occurre	d as the date and	hour and from	, that (I) (we) lost
ATT Ospi d form m 2		22h SIGNATURE	did) dud-n	ot) view the body	after deoth.		DEGREE	, acom occorre	d dir the dove ond		ATE SIGNED /
OR he ho oched		ZZE SIGNATURE	22	· M	12 h	10	ATTENDING .	/ MEDICAL	STAFF	10	1616
	4	1 Thes	101	40/14	my KU	1 /1/	PHYSICIAN	DIRECTOR	PHYSICIAN [1/02	NOKT
HOSPITAL boined by 11 5 FUNERAL oould be det th the Stote	1	12d. PHYSICIAN'S N.	AME ITYPE	ORPAINT) AA	1.1/2/h	Toli	22e ADDRESS	11/200	1 P/	001	0 19/11
Poulo Poulo	1/	VAMES	St.	MICIVI	Weigh	RM	1001018	MOCYO	acy 10/14	4,1816	exa, MO

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

236 BURIAL, CREMATION, REMOVAL CREMATION

12-28-1987

23b. DATE

CHAMBERS CREMATORY

RIVERDALE, P.G.C.

Md.

250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNALUR. 24 FUNERAL DIRECTOR ADORESS 20910 SILVER SPRING, Md. W. CHAMBERS CO. INC.

Exemple Fig. 7. Note that the second of the ngree an easte to the first the second to MARIE MILE STE STEELS IN THE AND PRESENT TRANSPORTED WITH THE SERVICE T. T. CHI SELECT OF THE COLUMN STRING, M. THE A COLUMN STRING, M.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0. 13	0 1	UU
DECEASED NAME FIRST	M	DDLE	L	AS1	20. DATE OF DEATH		DAY YEAR	26 HOUR
DOMEN	ICO		CANA	ALI	DECEMBER 8	, 1987	7	9:10 P
3 SEX	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	
MALE	CAUCASI	AN	AUGUS		67	YRS.	MONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O	GOMERY		MD
IO CITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING	HOMEO	R OTHER INSTITUTION	120 USUAL OCCUPATI			OF BUSINESS OR
WHEATON	2312 CH	FACILITY, GIVE STREET AS URCHILL R	OAD		CHEF	OF WORKING LIF-		
USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. CO MARYLAND MON		IVE RESIDENCE BEFORE A 13c. CITY OR TOWN WHEATON		136. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS . 2312 CHURC			20902
I4 FATHER'S NAME FIRST LUIGI	MIDDLE	CANALI		15. MOTHER'S MAIDEN NAME OF THE STATE OF THE	ME		UNKNO	
60 WAS DECEASED EVER IN U.S.		166 SOCIAL SECUR	ITY NO.	17 INFORMANT SOI	ADDRE	SS 89 C	AK SHA	DE ROAD
(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	578-64-08	58	LUIGI CANALI			, MD.	
18 CAUSE OF DEATH (Enter	only one cause per l	ine far (a), (b), and	(C1.)				APPROX BFTWEEN	ONSET AND DEATH
PART I. DEATH WAS CAU	ISED BY:	гомасн са	NCER				9 MO	
	T CONDITIONS CO	NTRIBUTING TO DE	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	0
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDIT	ION FOR WHICH C	PERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDI	
	DEATH	. MONTH DAY	YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P.	ART I OR PART 2)	
OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE O	F INJURY ET, FACTORY, OFFICE, FAR	RM, ETC	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
220.1 certify that (1) (this has saw the deceased alive above.		deceased from	APRII 7, an	d that in (my) (aur) apinion (, toDEC_8 death occurred an the d			that (I) (we) last couses stated
22b. SIGNAT	Men	ton 1	MO "	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		DEC DATE	9, 1987
GEORGE KEN	<i>U</i>			10620 GEORG	LA AVENUE S	UITE 2	13 SIL	VER SPRI
230 BURIAL, CREMATION, REMOV (SPECIFY) BURIAL	DEC.11,			EMETERY OR CREMATORY HEAVEN	234 LOCATION CITY OF TOWN SILVER SP	RING N	ONTGOM	ERY MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by should be detached for use as the buriol-transit permit. Then please should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial, injury, or other tra

IMPORTANT: If Hem 21 is marked or Item

FOR - STATE

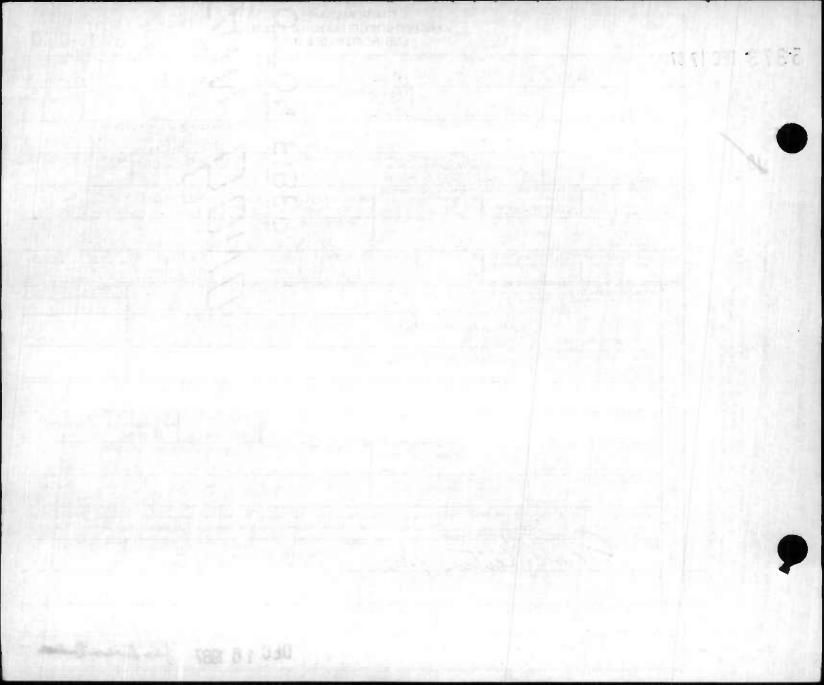
funeral director, page 3

24. FUNERAL DIRECTOR FRANCIS J. COLLINS JR. 500 UNIVERSITY BLVD., W. SILVER SPRING, MD. 20901

DEC.11,1987 GATE OF HEAVEN

SILVER SPRING MONTGOMERY MD.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 16



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B KEG. NO. 3	6!	0 1
LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
Carney	DECEMBER 5	1987	10:45 Q
5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.

	REGISTRAR				CERTIF	ICALE OF DEATE	1	AEG. N	10.	0 1	0 1
I DE	S ASED NAME	FIRST		WIDDIE		LAST	2	DATE OF DEATH	нтиом	DAY YEAR	26 HOUR
		Iane			Carn	011		DECEMBER	5 1	987	10:45
3. SE.			RACE		5. DATE (OF BIRTH		AGE (IN YEARS LAST B		IF UNDER 1 YEA	R IF UNDER 24 HRS
	F		(w)	04-	30- YEA		96	YRS.	MONTHS	S HOURS MIN.
	IRTHPLACE (STATE OR F	OREIGN 7b	CITIZEN OF	WHAT COUN	TRY? 8.	D NEVER MARRIE	9	BALTIMORE CITY	OR COUNT	Y OF DEATH	
	eland		USA		WIDOWE			Montgome	r.u		MI
10. C	ITY OR TOWN OF DEA	тн 11				OR OTHER INSTITUTIO		20 USUAL OCCUPATIVE OF MOST	LION		OF BUSINESS OF
	Olneu					Hospital	1	Homemake			
13a S	AL RESIDENCE (IF NURSI STATE aryland	ING HOME OR OF 136 COUNTY Montgo	1	136 CITY OR ROCKUA	BEFORE ADMISSION) JOWN	136 INSIDE CITY LIM		STREET APPRESS	L	Fr.	20850
14. FA	ATHER'S NAME		DDLE	LAST		15. MOTHER'S MAID	EN NAMÉ				
	Michael	MIL	DDLE	Munno		Winia	Lund	MIDDLE		Kin	AST
	VAS DECEASED EVER I			166 SOCIAL	SECURITY NO.	17. INFORMANT	STEU .	ADDI	RESS	- KAII	9
(Na-	(IF YES, GIVE W	AR OR DATES	579-4	42-4258	William B	3. Ca	rney Son	Samo	2 as 13	
	18 CAUSE OF DEATH PART I. DEATH W.	1 (Enter anly	ane cause pe	r line for (a), (b	b), and ici.i					APPRO	DXIMATE INTERVAL N ONSET AND DEATH
CERTIFICATION	PART 2. OTHER SIGN				T Lore	NOT RELATED TO TH	ie termin,	AL DISEASE OR COM	20b. IF YE	S, WERE FIND	OINGS USED
TIFIC							19.44	YES NOW		FYING CAUSE	S OF DEATH?
	21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	1 // 10 3		DAY YEAR	21c. HOW INJURY O	OCCURRED	(ENTER NATURE OF IN)	URY IN ITEM 18	PART I OR PART 2)	77
MEDICAL	216 INJURY OCCURR	ED	21e. PLACE	OF INJURY REET, FACTORY, OF		211 LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
	220.1 certify that (1)			e deceased fr	ram 12-1	. 19_	87	, to 12-	5	19 87	, that (we) las
	sow the decease	id did not)	12-5	after death	19 87 .01	nd that in (my) (DUF) D	pinian dep	th occurred on the	date and ho	ur and fram th	e causes stated
	226. SIGNATURE	40		arrer ocurs.		DEGREE	AV.		1	22c DA1	IE SIGNED
	JCHO	ella	MIS			ATTEND PHYSIC	IAN DE	MEDICAL STA	CIAN [12-	5-87
	224 PHYSICIAN'S NA			Literatus.		22e ADDRESS				1 0	1 00620
_	Howe, Te							Lane, Ol	ney, n	naryzan	.a. 20832
23a E	BURIAL, CREMATION, I	REMOVAL	23b. DATE	2. 14		EMETERY OR CREMA		23d. LOCATION CITY OR TOWN		COUNTY	STATE
B	Burial		Dec. 9,	1987	Mt. Oli	vet Cemete	ery	Washingt	on. D.	. C.	
24 F	UNERAL DIRECTOR F	rancis	J. Co	llinson	RESTr.	2	o DE	C'D. BY REGISTRAL	725b. REGIS	TRAR'S SIGN	ATURE Candrage

BP.

TO FLINERAL DIRECTOR. After this certificate has been sorted by the attentionable detacting for vie as the broad breaking for vie as the broad-former forms. The please remove a title the State Cept of Health and Mertal Hygerer prior to burial. Certainton APORTANT: It here 21 is married as term 18 shapes any intury, or other troum

FOR STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

500 University Blud. W. Silver Spring.

Md. 20901

Cemetery Washington, D.C.
250 DAF PCCD BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1 2001

075258

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTICIC ATE OF DEATH

3	KEG. NO.	3	6	1	0	2
	NEG. 140.					

1	GRIGISTRAR			CERTII	ICAIL OI DEATH	REG. NO	D. (a)	2	-		
Г		IRST	WIDDIE	1	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR		
	(TYPE OR PRINT)	OSE	HIDALGO	CAL	RRASCOSA		12 9	87	755 AM		
F	I. SEX	4. RACE		5. DATE C		6. AGE IN YEARS (AST BIRTHDAY) IF UNDER I YEAR IF UNDER MONTHS DAYS HOURS					
L	MALE	WHIT		SEPT		60 yrs					
F	a. BIRTHPLACE (STATE OR FORE	IGN 76 CITIZEN C	F WHAT COUNTRY	Y? 8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	14. 0		
	SPAIN	SPA		WIDOWE	D DIVORCED	monte	jome	-14	COUNTAD		
I	CITY OR TOWN OF DEATH		F HOSPITAL, NURS		OR OTHER INSTITUTION	120. USUAL OCCUPATION	F BUSINESS OR				
4	Bethesdi	A Su	burb	AN	Hosp.	CHEF INDUSTRY RESTAURANT					
T	USUAL RESIDENCE I F NURSING 130. STATE	HOME OR OTHER INSTITUTE	13c. CITY OR TO		13d. INSIDE CITY LIMITS?						
4		MONTGOMERY	ROCKVI		YES X NO	13123 GREN		R. / 2	20853		
T	4 FATHER'S NAME				15. MOTHER'S MAIDEN NAM						
4	PEDRO J	MIDDLE	TOO MAT	RCH ELODIA		MIDDLE	1004	LAS			
ł	60 WAS DECEASED EVER IN	UAN HIDA			IZ INFORMANT	CARRASC		MEI	LIA		
П	(YES, NO OR UNKNOWN)	IF YES, GIVE WAR OR DATES)									
Ļ	NO	NONE	579-68	-4666	Concepcion R.	Hidalgo (V	life) S	ame as	s # 13.		
T	II CAUSE OF DEATH		er line for (a), (b),	ond (c)			01-1		MATE INTERVAL ONSET AND DEATH		
1	PART I. DEATH WAS	MEDIATE CAUSE (a)_	BRAI	N TO	IMOR			2	MONTHS		
I											
1	Condition if any		OR AS A CONSEQ	DUENCE OF							
1	Conditions, if ony, w gove rise to immed										
1		cause (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF									
ı	onderlying coose	(c)_									
1					NOT RELATED TO THE TERM						
1	190 DATE OF OPERATIO 210. ACCIDENT WAS UNDERL	CtA	ZEBRAL	ED	EMA- COR	ONARY I	NSUFI	FILLEI	vcy		
1	M DATE OF OPERATIO	N 196. CON	DITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	NGS USED				
A	Ĕ					YES T NOTY	IN CERTIFYIN	T CAUSES	NO [
4	21g. ACCIDENT WAS UNDERL	YING 216. TIME	OF INJURY		21c. HOW INJURY OCCURR			I OR PART 2)			
	OR CONTRIBUTION CALL	SE OF DEATH HOUR	A.M. MONTH	DAY YEAR							
1	I IF EITHER NOTIFY MEDICAL		P.M.	19							
1	IN EITHER NOTHY MEDICALI 21d INJURY OCCURRED	LAT HOME.	E OF INJURY STREET, FACTORY, OFFICE	E, FARM, ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
ı	WHILE AT WORK					A		.20			
1	220.1 certify that (1) (th	s hospital ottended	the deceased from	mile	1976	_, 10 Dec 9	. 19.	8/	that (I) (we) last		
1	saw the deceased obove.	olive on Decen	dy after death.	87 , or	nd that in (my) (awr) opinion o	death occurred on the do	ite and haur ai	nd from the	causes stated		
١	226. SIGNATURE	0	y arrei dearni		DEGREE			22c DATE			
	Sh	Molno	2		ATTENDING PHYSICIAN	MEDICAL STAF		12/	9/87		
1	22d. PHYSICIAN'S NAMI	E (TYPE OR PRINT)	- 100		22g ADDRESS		0 /				
	Luis Ba	NTOLIL	MD 1		4343 MONES	OMERY AU	- Beth	esde	c-Md		
+	230 BURIAL, CREMATION, REA	MOVAL 236 DATE	1 230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION					
1	(SPECIFY)				s Crematory	Riverdale	P.G.	CO	Mary Jan		
	Cremation Dec/11/87 Ch				p otems only	TITACTAGTE	9 Louis	00.,	THE TOTAL		

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

Chambers Funeral Home

24 FUNERAL DIRECTOR

FOR STATE

Silver Spring, Maryland

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE DEC 1 5 1987

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Mary Contract of the Contract

Second the state of the contract of the contra

AT THE APPEARANCE SOUTH FORM ON THE BUTCH OF THE

The area | Tree halve to the unit to read the read of the law and

Strategy Turners Trees, Player Spring and DEC 15, 1987, Add Start Land

.Carrie Cont (carr) of Engly ... a Lagrange of the - - - Mig.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	3	6	1	0	
						_

077100 1		REGISTRAR				CERTIF	ICATE OF DEATH	8 ZEG. N	0. 3	5	0 3
OITTUU JAI		CONSED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
1 2		FORRE	84	2	88	CA	nter	1	2 20	187	11000
6 8 8	3. SE			4. RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		NDER 1 YEAR	
7 01		Male		Caucas	ian	Ann	il 29 1930	57	YRS	THS DAYS	HOURS MIN
- 2 42 F	7a. B	IRTHPLACE (STATE ORF	OREIGN		WHAT COUNTRY?	8	1	9 BALTIMORE CITY C		DEATH	
f 35 3	4	Indian		U.S.A		WIDOWE	NEVER MARRIED DIVORCED	Montgom	200		
4 11 1	10. 0	ITY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSII	NG HOME C	OR OTHER INSTITUTION	Montgome 12a USUAL OCCUPAT	ION	12b. KIND C	OF BUSINESS OR
. 1 th	1	Johin John			H FACILITY, GIVE STREET			Ch on i Ch	F WORKING LIFE)	INDUSTRY	Court
2 1 42 6		abin John	ING HOME OF	6404	81st St			Chemist		0.5.	Govt.
0 7 32 3		STATE	13b COU		13c CITY OR TOV		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		(0)	0010)
3 1 34 1		Maryland	Mont	gomery	Cabin J	ohn	YES X NO		Street	: (20	0818)
4 1 17/1/	Aire	FIRST		MIDDLE	LAST		FIRST	WIDDLE		LAS	ī
3 30 000	1	Carl	-	-0.32	Cart		Nadine			Medca	
Date of the deco		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECT	JRITY NO.	17 INFORMANT	ADDRE	Same	as #	13 above.
* : : : : /		No		177	309 28	8338	Gesina Catha	rina Carte	c / Wife	1/	
4 1 1 1		18 CAUSE OF DEAT PART I. DEATH W	H (Enter ar	ly ane cause per	line far (a), (b), ai	nd (c).1				BETWEEN	MATE INTERVAL ONSET AND DEATH
T of the same		PART I. DEATH W	AS CAUSE	D BY:	ARDIOF	ULMID	WARY KAIL	LURG		AC	UTE
PRESTON S The death certain and the certain a		THE LIKE			R AS, A CONSEQU						
STO THE STORY	V	Canditions, if any,	which	(b)	BRAI	NT	UMOR			2	YVS
2 2 2000	/	gave rise to imm		DUE TO O	R AS A CONSEQU						
3 1 1		underlying cause		100000	K AS A CONSEQU	ENCEOF					
20 as a so o		PART 2 OTHER SIGN	VIEICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN ALDISEASE OR CON	DITION GIVEN	IN PARI 1	0
The b	Z										
0	CERTIFICATION	190. DATE OF OPERA	ION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W		
# 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1			13x	Au 11	mov		YES TO NOT	IN CERTIFYIN	_ /	OF DEATH?
4 / 11 2 4	- H	21a. ACCIDENT WAS UNE	ERLYING T			MAN	21c. HOW INJURY OCCURR		1-		1.0
34 444 1	10000	OR CONTRIBUTING	AUSE OF DE	HOUR A.							
15	MEDICAL	(IF EITHER NOTIFY MEDIC		P.:	M. OF INJURY	19	211, LOCATION				
The table of	A REI				REET, FACTORY, OFFICE,	FARM, ETC }	STREET	CITY OR TO	WN	COUNTY	STATE
No to the		AT WORK - AT WO	5 K			20011	6/	Dec	5-0	-	-
20 8 1 2 1		22a I certify that (I) saw the decease					. 19 6	, 10	. 19_		that (1) (ye) last
The state of the s		abave, (I) (we) (c	lid) (did no				nd that in (my) (an) apinian a	death accurred an the di	ate and have an		
後 2 日 4 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	-	776. SIGNATURE		non	111	2	DEGREE ATTENDING	MEDICAL STA		22c DATE	SIGNED
3 3 3 5 5 5	1	1000	660	delle	cephell	W	PHYSICIAN 🚣	DIRECTOR PHYSIC		121	2/15
TA DAY	1	22d. PHYSICIAN'S NA	ME (TYPE C	OR PRINT)			22e ADDRESS	6	2		1111
5 5 5 5 6 N		FR ANCE	115	CM	MILE		5200 WISGN	Sa) Buch	SOTUP	30 1	MOLOSIO
51 5413	23a	BURIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d. LOCATION			/
BP.		(SPECIFY) Cremat	ion	Dec.22	,1987 M	etropo	olitan Cremato	ry Alexand	dria Vá	TUNIY	STATE
To the state of th	24 F	UNERAL DIRECTOR	100	10	1) 1 22	22 1.14	consin A 250 DATE	E REC'D. BY REGISTRAR	256. REGISTRAF	SSIGHAT	WRE DO STORES
DHMH - 16 60M 7 194 (VRA 15, 4)	1	DeVol Funer	2 1 U	771200	Mach	ington	sconsin Ave. JA	N 4 1988	U		
(sevor runer	ar n	Jule	wasn	THREOL	D.U. 1				

1076780 DEC:

STATE OF MARYLAND
PARTMENT OF HEALTH AND MENTAL HYGIENE
CEDTIEIC ATE OF DEATH

11	TATE REGISTRAR		DEPARTA		ICATE OF DEA		IENE B	7 REG. NO	3	6	1	0	4
	CEASED NAME FIRST Florence		DOLE		AST HRUSO		20. DATE C	DE DEATH	AONTH	DAY 24	YEAR 1987	26 HOU	JR 30 Km
3. SE	X	RACE	TELL I	5. DATE C			6 AGE (IN	EARS LAST BIRTH	IDAY)	-	ER I YEAR	IF UNDER	R 24 HRS
F	EMALE	CAUCASI	AN	MAR	CH 74,	1932	55		YRS	MONTHS	DAYS	HOURS	MIN
	IRTHPLACE (STATE OR FOREIGN) NEW YORK	U.S.A		MARRIEI WIDOWE	NEVER MAR	9 BALTIMORE CITY OR COUNTY OF DEATH						MD	
S	ILVER SPRING	2948 HE	WITT AVE	#354	R OTHER INSTITU	(TYPE OF WO	OCCUPATION OF KEEPER	WORKING	LIFE) IN	SERV		ESS OR	
13a. MA		TY 1	IVE RESIDENCE BEFORE 31. CITY OR TOW SILVER S	N		o 🖔		ADDRESS HEWI	TT A	VE #	354	(20	906
5	ATHER'S NAME LOUIS	IDDLE	HOROWIT	ROWITZ 15. MOTHER'S MAIDEN NAM PRIST PAULINE									
	WAS DECEASED EVER IN U.S. ARN YES, NO OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES)	66 SOCIAL SECU 578-38-3							LVER T AV			
18 CAUSE OF DEATH (Enter only one couse per line for io), (b), and ici PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Astrough Me Gr. TH TV DUE TO, OR AS A CONSEQUENCE OF													
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost OUE TO, OR AS A CONSEQUENCE OF												
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G										IVEN IN	PART Ito	1	
CERTIFICATION	19a DATE OF OPERATION	ON FOR WHICH	OPERATION	N WAS PERFORM	ED	200 AUT	OPSY?	IN CERT		E FINDIN CAUSES		TH?	
AL	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	110110 1 11	TIME OF INJURY OUR A.M. MONTH DAY YEAR P.M. 19					ATURE OF INJURY	IN ITEM 18	, PART 1 OI	RPART 2)		
MEDIC	21d. INJURY OCCURRED WHILE ON WHILE OF AT WORK	21e PLACE OF (AT HOME, STREE	INJURY T, FACTORY, OFFICE, FA	ARM, ETC.)	211. LOCATION STREET		Pi	CITY OR TOWN	4	co	YTMU	S.	TATE
220.1 certify that (I) (this hospital) attended the deceased from											hat (1) (- '	

MEDICAL STAFF
DIRECTOR PHYSICIAN

B. D. Ilon

22e ADDRESS

20832

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

12/27/87

236 NAME OF CEMETERY OR CREMATORY
JUDEAN MEM. GARDENS

23d LOCATION CITY OF TOWN

MD

MONT.

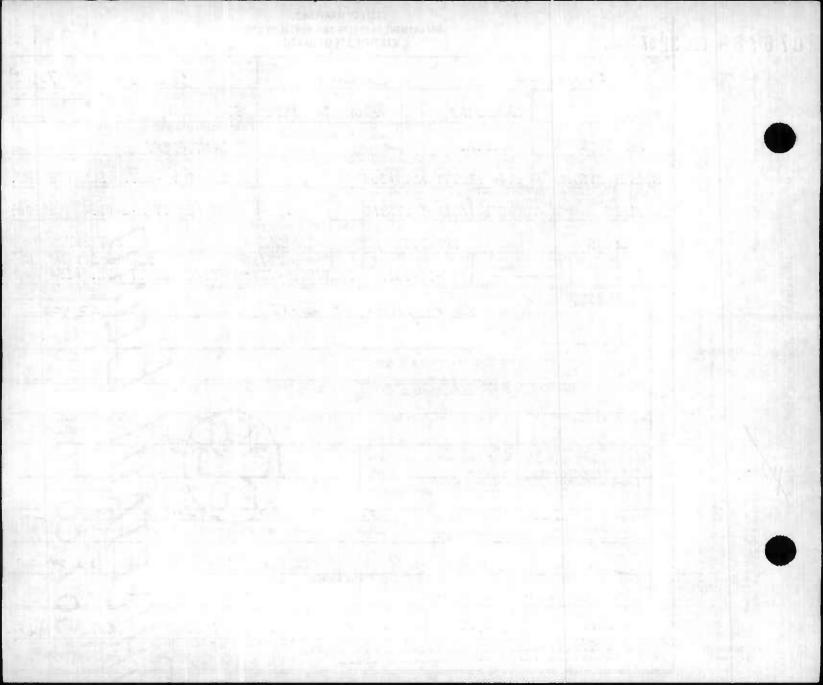
MD 1

DHMH - 16 50M 1/76 (VR A 15 (4))

POSTANT: II

INC.

REGISTRAR 25b. REGISTRAR'S SIGNATURE



by The ottending physicion and the ottending physicion and the ottending premarial premarial.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

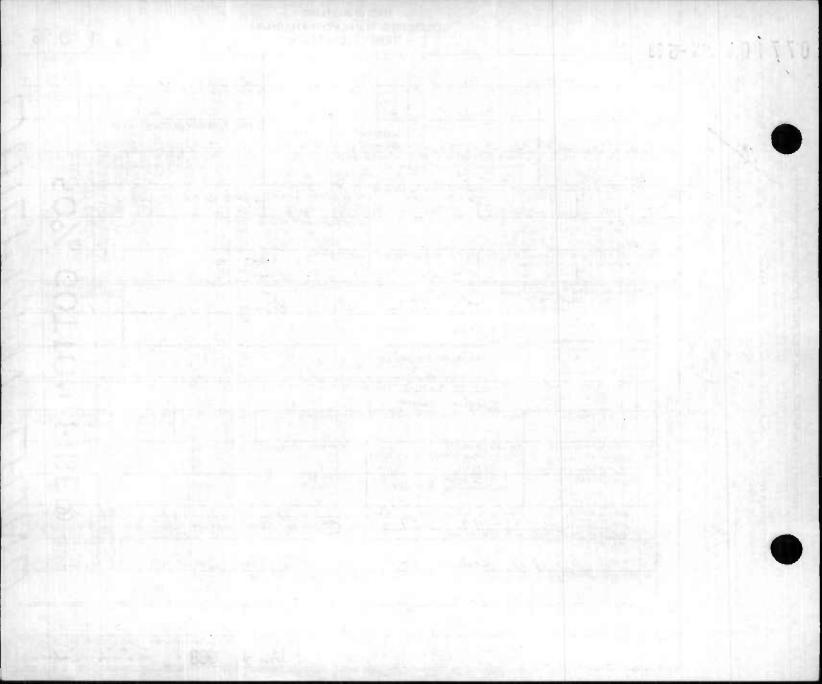
FOR			DEPARTA	MENT OF H	EALTH AND MENTAL HY	GIENE			,		0	probe
- STATE	AR			CERTIF	ICATE OF DEATH	8	REG. N	0.	0	1	U	5
DECEASED N	AME FIRST		WIDDLE	Ł	AST	20 DATE C	OF DE ATH	MONTH	DAY	YEAR	26 HOL	UR
(TIPE OR PRINT)	Loui	Se	В.	Cass	idv	Dece	ember :	28. 1	987		7:30	0 0
3. SEX	HOUL	4 RACE	D.	5. DATE C			YEARS LAST BIR			ERIYEAR	IF UNDER	R 24 HRS
For	male	Cauca	sian	MONTH	30, 1905 YEAR		82		MONTHS	DATS	HOURS	MIN
	(STATE OR FOREIGN		WHAT COUNTRY?			9 BALTIM	ORE CITY O	YRS.	TY OF DE	EATH	1	
COUNTRY)				MARRIE	NEVER MARRIED	Wantanana Gauntu						
	Carolina WN OF DEATH		States	WIDOWE	D DIVORCED D	_		_			OF OUISING	MI
		(IF NOT IN SUC	H FACRITY, GIVE STREET	ADDRESS)		(TYPE OF WO	120 USUAL OCCUPATION 126. KIND OF BUSINESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Privation					
	hesda		Old Geo:	-	vn Road	Regis	tered	Nurs	se	P:	ract	ıce
130. STATE	I 13b. CC	E OR OTHER INSTITUTION	13t. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET	ADDRESS	ZIP COL	DE QC	111		
Maryla	and Mo	ntgomery	Bethes	da	YES NO 🔀		George				814	
FATHER'S NA		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME	WIDDIE	7.		LAS		
Robe	3.	MIDDLE	Bumpas	S	first Mary		WIDDE		Г		vent	
160 WAS DECE	ASED EVER IN U.S.		166 SOCIAL SECU		17 INTEODALANT	Husba	ADDRE	ESS				
(YES, NO OR UI	NKNOWN) (IF YES,	GIVE WAR OR DATES)	579-30-1	731	Dr. John E.			00 25	lin	0 #1	3	
					D2. 00 2.		1 Dan	ie as				RVAL
PART	E OF DEATH (Enter I. DEATH WAS CAL	only one couse per USED BY:	Cline for to , to , on	d (c).)	M 1.	APPROXIMATE INTERVA BETWEEN ONSET AND DE				DEATH		
	IMMED	NATE CAUSE (0)		~	O) la	ing.			-		gen	<u> </u>
		DUE TO, O	R AS A CONSEQUE	ENCE OF	1	0						
Conditio	ns, if ony, which	(b)_			0							
	se to immediate (a), stating the		R AS A CONSEQUE	NCF OF								
underly	ng couse lost.	((c)										
PART 2. C	THER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEA	SE OR CON	DITION G	IVEN IN	PARI II	0	
NO			o for coien	pre)								
CERTIFICATION 190. DATE	OF OPERATION	19b. COND	7.0		N WAS PERFORMED	20a AU1	TOPSY?				NGS USE	
SF						YES NO X YES NO					OF DEA	
21a ACCIO	DENT WAS UNDERLYING	21b. TIME C	F INJURY		21c. HOW INJURY OCCUP					PART 2)	140 [
	BUTING CAUSE OF		M. MONTH DA	AY YEAR		WED (EMER)	TATURE OF 11130	W. Marie	, , , , , , , , , , , , , , , , , , , ,			
	NOTIFY MEDICAL EXAM		M.	19	NI LOCATION							
A SIN INJU	RY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET		CITY OR TO)WN	co	YTHUC		STATE
≥ WHILE AT WORK	NOT WHILE AT WORK						GIB					
22a.1 cert	ify that (1) (this he	ospital) attended th	e deceased from	14	19_86	, to		12	19_2	37.	thatti	(we) los
sow	the deceased alive	not view the body	hiter depth	<u></u> , or	nd that i (my) (our) opinion	n death occur	red on the di	ote and ha	out and f	rom the	couses st	toted
22b SIGN	IATURE	noistica the body	oner deom.	H 910	DEGREE						SIGNED	
	1,	111.11	when I	to.	ATTENDING PHYSICIAN	MEDICAL	E STA	FF CLANIC	1		mber 198	
22d PHYS	ICIAN'S NAME AN	PE OR PRINT!	your, a		22e. ADDRESS	LZ DIKECTO	K [] FIII3R	- IAIV		201	190	/
						ld Geor	getow	n Ros	ad			
		Richman I			11500 01 Rockvill			2085)2			
230 BURIAL CR	EMATION, REMOV	At 236 DATE Decemb	or 31 23c.1	Gate	emetery or crematory of Heaven	23d LOC	CATION ITY OR TOWN		COUN	VIY		STATE
В	urial		er 21,	C	of Heaven emetery		ver Sp	ring,				
24 FUNERAL DI	RECTORRober	t A. Pum	ohrey Fun	eral :		TE REC'D. BY		25b. REG1	STRAR'S	SIGNAT	TURE	
7557 W	Bethe	Sda-Chevi	chase,	Marvl.	and 20814 JA	W 4	1988	- 14	a fre	home on	wood	adda.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed should be detached for use as the buriol-transit permit. Then ple with the State Dept. of Health and Mental Hygiene prior to bur oil MAPORTANT: If Hem 21 is marked or Hem 8 shows any injury, it

retained by the hospital or attending physicion.

BP.



n injury, as other traumatic

MPORTANT, If hem 21 is murked or hem 18 sho

0751

ctor. page 3

DEC

FOR

STATE OF MARYLAND											
EP.	ARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE					
	CFI	PTIFE	CATE	OF	DEATH						

8	KEG.	NO.	3	6	1	0	6
ATE OF	DEATH	MONTH		DAY	YEAR	26 HOUR	

1	REGISTRAR				CERTIF	ICATE OF DEATH	8 LEG. NO	3 1	5	0 5
D YE	CEASED NAME	FIRST	11	MIDDLE	0/	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	K	e4		WA	ChA	N9		2-8-	-8/	6 8M
3. SE	X		RACE	0	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF U	INDER I YEAR	IF UNDER 24 HRS
	Female		Kore	an	2 MONTH	21 14	7.3	YRS	JAN JAN	MIN MIN
7a. 8	IRTHPLACE (STATE OR F	OREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF	DEATH	
	Korea		USA		WIDOWE		MONTGON	1 ery		MD
10. C	ITY OR TOWN OF DEA	TH 1	NAME OF H	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION)N	126 KIND OF	E RUSINESS OR
10	ethesda	<	Ju bu	RBAN	ADDITESO		Sales-Dru	ig Fai	r-Re	tired
USU 13a.	AL RESIDENCE (IF NURS	136 COUN		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?			1115	1521
	Md.		ont.	Potomac		YES X NO	11405 B	ech G	rove	Lane
14 F	ATHER'S NAME	A	MDD16	LAST		15. MOTHER'S MAIDEN NAM	WEDDLE			
	Chang			Lee		SSi	WIDDLE		L	ee
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRE	SS		
	N/A	(IF TES, OIVE	WAR OR DATES!	212 74	1127	Nam H. Ch	ang (Son)	same a	s 131	E
	18 CAUSE OF DEAT	H (Enter only	y one cause per	line lar (a), (b), an	d (c).)				APPROXIA BETWEEN C	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH W		BY: CAUSE (a)	rom lus	all .	edema		1		
			DUE TO OF	R AS A CONSEQUE	NCE OF		7	- 200		2 -6 18
	Conditions, if any,		(b)	1 .	eue.	renal duses	ise			
	gave rise to imn cause (0), statin		DUE TO, OF	R AS A CONSEQUE	NCE OF	4				
	underlying couse	last	(c)	dialel	I	relities				
_	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM				
ě				Clark &	untes	word wit	con any ter	y dise	ceps + (nastroinh
CERTIFICATION	198 DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20d AUTOPSY?	206. IF YES, W		OF DEATH?
E							YES NO	YES [NO 🗆
	210. ACCIDENT WAS UND		HOUR A.	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	IN ITEM 18 PART I	OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDIC	AL EXAMINER)	P./		19					
MED	21d. INJURY OCCURE		(AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM EIC)	211. LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
	AT WORK AT WOL	k			1-11	0.0				
	22a.1 certify that (1) saw the decease		al) attended the		87		, to	. 19_		that (I) (we) last
	abave, (I) (we) (c	lid) (did nat)				nd that in (my) (our) opinion o	deoth occurred an the da	le and haur on		
	226. SIGNATURE	1011	,,0.	· had	2	DEGREE ATTENDING A	/MEDICAL STAFF		22c. DATE S	SIGNED
		- ran	100	(////		ATTENDING A PHYSICIAN	DIRECTOR PHYSICI			
	22d. PHYSICIAN'S NA	-	SSOL	1		27e ADDRESS	100 201	2	1.11	MARON
	L'	100		•		136201h	villes off v	IL DER	risag	M.MSI.
	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		Ounty	STATE
	Burial		12/11/			awn Cemeter			sont.	Md.
24 F	UNERAL DIRECTOR	Rinal	di 118	300 New	Hamp	Aye S.S.Md DE	REC'D. 8Y REGISTRAR 2	Sh. REGISTRAR	'S SIGNATI	RE
	111100/1					S.S.MH UE	U 15 1987	GLANA LE		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

175118115502 The Charg

STATE OF MARYLAND

48 50 1111 The transfer of the transfer o Reported the Literace and all the contract of Service and the service of the servi MANAGEMENT OF THE PROPERTY OF SHOW TO BOOK AND THE STATE OF ma Street Ass. 1887 6 f Dall care

076551 DEC

DECEASED NAME

Female

Burma

O CITY OR TOWN OF DEATH

A.

No

Conditions, if any, which gove rise to immediate cause 101, stating the

underlying couse lost.

190 DATE OF OPERATION

WHILE NOT WHILE AT WORK

21g ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED

. BIRTHPLACE ISTATE OR FOREIGN

Bethesda

TYPE OR PRINTI

COUNTRY

Maryland

A KATHER'S NAME

CERTIFICATION

3 SEX

FIRST

4 RACE

USUAL RESIDENCE (IF NUR IN THE PROPERTY OF THE INTERPRETATION GIVE RESIDENCE BEFORE ADMISSION)

Montgomery

MIDDLE

E.

(IF YES GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY:

Mae

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

	STA	TE	OF	MA	RYL	AND
EPARTMENT	OF	HE	ALT	TH A	ND	MENT

5. DATE OF BIRTH

WIDOWED

Adenocarcinoma of lung

February

87

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

D

C.

Burmese

Th CITIZEN OF WHAT COUNTRY?

United States

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
7904 Deepwell Drive

Bethesda

LAST

16h SOCIAL SECURITY NO

218-56-4776

Richards

IMMEDIATE CAUSE (o) Cardiac arrest

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE

Pulmonary tuberculosis, Atherosclerotic Cardio

21b. TIME OF INJURY

21e PLACE OF INJURY

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

AT HOME STREET, FACTORY, OFFICE FARM, ETC)

CERTIFICATE OF DEATH

Christoffelsz

October 15, 189

MARRIED NEVER MARRIED

13d. INSIDE CITY LIMITS

YES XX NO

15 MOTHER'S MAIDEN

Tvonne M.

21c. HOW INJURY OCC

211 LOCATION

and that in (my XXXX opini

22e ADDRESS

8218 Wisco

ATTENDING

PHYSICIAN

17 INFORMANT

Annie

FIRST

IYG	IENE				-		4
	B RG. NO.		O	1	0	3	3
10	20 DATE OF DEATH MONTH	DAY	1	re AR	2b HO		^
	December 24, 19	87	7		7:1	5	A M
	6 AGE (IN YEARS LAST BIRTHDAY)		JNDER	I YEAR	IF UNDER		_
5	92 YRS	MON	VIHS.	BATS	HOUR5	11 M	٧,
	9 BALTIMORE CITY OR COUNT	Y OI	FDEA	TH	- 1		
	Montgomery Cou	int	y			/	ND.
	126 USUAL OCCUPATION		12b K	IND OF	BUSIN	ESS C	R
	Housewife		-	_	Home		
, !	13e STREET ADDRESS / ZIP COD)F					
	7904 Deepwell I		ve	1	20	81	7
NAA	AE MIDDLE			LAST	7	-	
		Sw	ar	ris			
	ADDRESS						
kh:	in, Same as 13					î.	
			38	APPROXIA IWEEN O	NATE INTE	RVAL DEAT	н
			Im	med:	iate		
			10				
			2	2 m	onth	s	
RMI	NAL DISEASE OR CONDITION GI	VEN	IN P	ART No			_
va:	scular Disease						
	200 AUTOPSY? 206. IF YE	S, W	ERE I	FINDIN	GS USE	D	
		ES [403L3 (NO [
URR	ED (ENTER NATURE OF INJURY IN ITEM 18	PARI	I ORP	AR1 2}			
	CITY OR TOWN		cour	VIY		STATE	
87	December 24	19.	87		hot (III (XX	ist
on d	leoth occurred on the date and ha	Ur Or	nd fro	m the c	ouses st	ated	
			220	DATES	IGNED		
K	MEDICAL STAFF DIRECTOR PHYSICIAN		1	2-2	4-87		
						11	
ns	in Avenue, Beth	nes	sda	, MI	0 2	08	14
Υ	23d LOCATION		OUNTY			STATE	=
or				ini		MAIL	
				E-100	-	_	

bode 72 DIRECTOR 0 old be deto the Stote FUNERAL MPORTANT BP.

DHMH - 16 60M 7/84 (VRA 15, 4) 230 BURIAL CREMATION, REMOVAL 23b. DATE (SPECIFY)

Cremation 12-28-87

236 NAME OF CEMETERY OR CREMATORY
Metropolitan Cremato

DEGREE

P. O. Box 43352, Washington, DC 20010

220.1 certify that (1) XX haspital) attended the deceased from sow the deceased olive on December 21 10

Lee R. Pennington, M. D.

DEC 2 9 1987

D. P. Committee , MO.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO PROPRINT 20 DATE OF DEATH MONTH DEC RACE 5. DATE OF BIRTH 6. AGE (IN YEARS (AST BIRTHDAY) IF UNDER I YEAR Korean 7a. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH #STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY morea Tore A WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION MY OR TOWN OF DEATH LA KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! NDUSTRY pusew. Fe Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 130 STATE 1136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? montgomer 603 NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE LAST Unknown Unknown Silver Spring, MD 20910 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT N/A Chung (Son) 1603 Cedar View Court 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ardio Resp IMMEDIATE CAUSE (a) Droncho Overmonia Canditions, if any, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? YES [NO F NO tronsit Hygie 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OF PART 2) 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) WHILE AT WORK NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from 11-27 saw the deceased alive an_ and that in (my) (am) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death 22c DATE SIGNED 226 SIGNATURE T DEGREE ATTENDING MEDICAL STAFF be deta FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld b

8218 mis consin

23d LOCATION

CITY OR TOWN

Burea Dendoon Rondock

STATE

23c NAME OF CEMETERY OR CREMATORY

National Memorial

DHMH - 16 60M 7/84

BP

(VRA 15, 4)

OHN

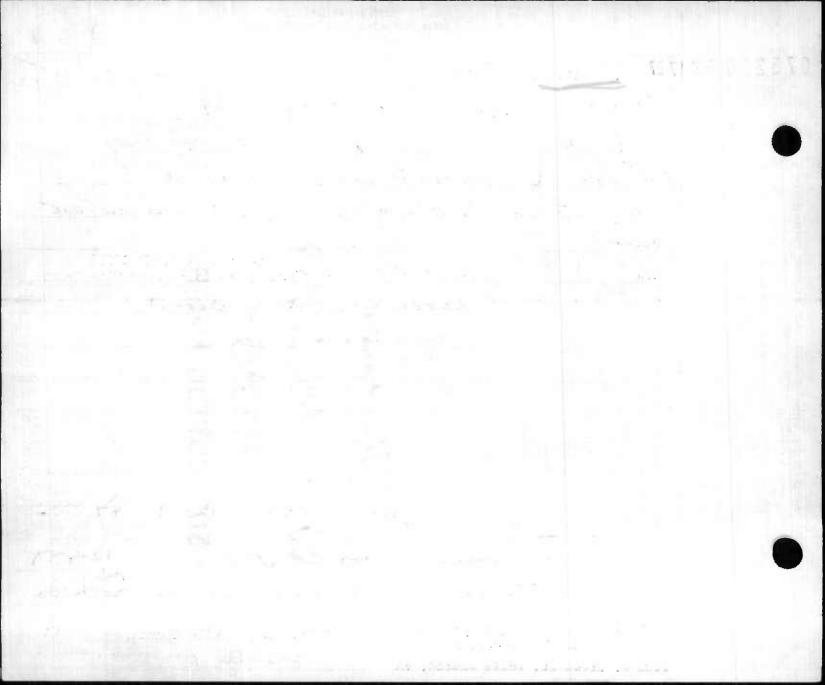
24 FUNERAL DIRECTOR Murphy Funeral Home

1102 W. Broad St. Falls Church.

23a. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)



	S	T	A	TE	0	F	M	A	R	YL	ANI	D
 	 	_	_									

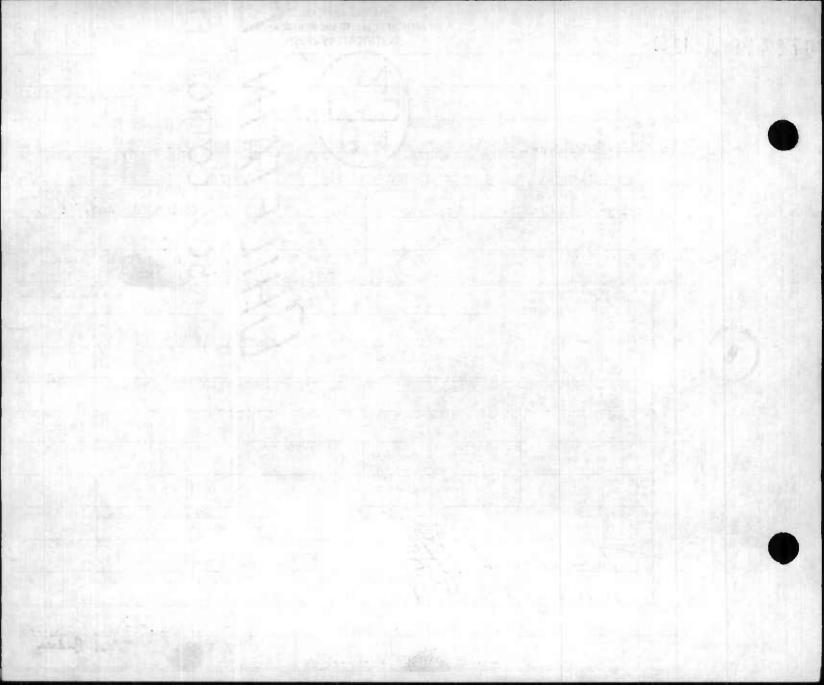
3	REG. N	10.	3	6	-	1	0
TE O	FDEATH	MONTH		DAY	YEAR	26 HOUF	

8	18	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 REG. N	o. 5	6 1	10
		ECEASED NAME FIRST MIDDLE PE OR PRINT)			LAST			MONIH I	DAY YEAR	26 HOUR
		McDONALD			CLAX		DECEMBER	27,	1987	11:55 RM
	3.5E)	SEX 4 RACE			S. DATE OF BIRTH MONTH DAY YEAR		6. AGE (IN YEARS LAST BIR	THDAY	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		Male	Blac		July 29, 1948		39	YRS		
	BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT (WHAT COUNTRY?	AT COUNTRY? 8 Separated MARRIED NEVER MARRIED			9 BALTIMORE CITY OR COUNTY OF DEATH			
2		orth Carolina		d State			Montgom			MD
J	Ne CI				SPITAL, NURSING HOME OR OTHER INSTITUTION CILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			
2		ilver Spring		Cross		ital	Supervisor/Housekeeping/Hotel			
	Tin. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b COUN	ITY	13c CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	-	2:/(20	1 / /
4	-	strict of Colum	bia	Washingt	on	YES NO	1822 Mary	land A	venue,	N. E.
1	14 FA		MIDDLE	LAST	55.7%	15. MOTHER'S MAIDEN NA/	WE		LASI	
/					Clax Flora		Haye			
2		(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)			IAL SECURITY NO. 17 INFORMANT Route 2,			•		•
7		No		240-82-	1737	Lorraine C	lax(siste	r)Noi		
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). (PART I. DEATH WAS CAUSED BY.						BETWEEN C	MATE INTERVAL DISET AND DEATH	
		IMMEDIATE CAUSE (0) Pneumocystic Pneumonia								
		due to, or as a consequence of								
		Conditions, if ony, which (b) Acquired Immune Deficiency Syndrome								
9		cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF								
1		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN								
1	z			ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVI	EN IN PART I I o	
H	ATIC	Dehydration % Date of OPERATION 196 CONDITION FO			FOR WHICH OPERATION WAS PERFORMED		20a AUTOPSY?	Table IE VES	, WERE FINDIN	ICC LISED
	CERTIFICATION	THE CONDITION		TION TOR WITHER	ON TOR WINCH OF ENAMED			IN CERTIF	YING CAUSES	OF DEATH?
4	ERT	21g. ACCIDENT WAS UNDERLYING	216 TIME O	FINJURY		21¢ HOW INJURY OCCURR	YES NO	YES		NO 🗌
	DITCHUL	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH DA		l l l l l l l l l l l l l l l l l l l	TEMPER NATURE OF 11470	AT HALLEM 18 FA	ARTIORPARIE;	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.: 21e. PLACE	-	19	21f LOCATION				
1	ME	WHILE NOT WHILE		EET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
1		270 I certify that (I) (this haspital) attended the deceased from December 11 1987 to December 27, 1987, that (I) (we) last								
1		saw the deceased alive an December 27 19 87 and that in (my) (our) apinion death accurred an the date and hour and from the causes stated above. (I) (we) (old) (did not) view the body after death.								
1	0.00	abave, (1) (we) (did not) view the bady after death. 27b. SIGNATURE								SIGNED
		ATTENDING MEDICAL STAFF								
		PHYSICIAN & DIRECTOR PHYSICIAN Dec, 28, 1987 PHYSICIAN SNAME (TYPE OR PRINT) 270 ADDRESS Washington, D. C. 20002								
		Michael Hill 1011 North Capitol Street								EP.
1	23a. B	URIAL, CREMATION, REMOVAL	236. DATE	23t N	AME OF C	EMETERY OR CREMATORY	23d LOCATION N			
		SPECIFY) Burial	Jan.01			een Cemeter	CILLONIONIA		COUNTY	SIAIL
1	24 FU	IA IEDA L DIDEOTOR		JNERAL H		258 DATI		25 REGISTI	MR SIGNA	RF
		31 Georgia Aver	JI O I'	· Wachingt	on D	C 20011 TA	N 1 4 1988	i was d	Thanges !	-

DHMH - 16 50M 1/81 (VRA 15, 4)

to RUNERAL DIRECTOR, visional back of the suit the State Dept of Hear MPORTANT: If Herr 21 is

TO HOSPITAL OR



76950 JAN -5

STATE OF MARYLAND

FOR STATE REGISTRAR			DEPART		ICATE OF DEATH	(3)	REG. NO.	3 6 1	11
DECEASED NAM	E FIRST		WIDDLE	1	AST	20 DATE OF DE		DAY YEAR	2b. HOUR
TYPE OR PRINT!	Harry		L.	Cla	xton		Dec.	29 1987	7 7:15
1. SEX		4. RACE		5. DATE C		6 AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS	
Male		White		Jul	000	99	YRS		HOURS MIN
Washingto		The second second	WHAT COUNTRY?	8.	D NEVER MARRIED	Montgo	mery Co	unty	
Silver S			HOSPITAL, NURSII CHEACILTY GALLTREET BE HILL I		g Home (SS)	120 USUAL OC President	CUPATION	12b. KIND	of Business C (holesal lood
USUAL RESIDENCE 130. STATE N/A	E (IF NURSING HOME OF 13b. COUN		GIVE RESIDENCE BEFOR	VN	13d. INSIDE CITY EIMITS?	13e STREET ADI	DRESS / ZIP CO	DE U	0012 9
14 FATHER'S NAM		WIDDLE	LAST		15 MOTHER'S MAIDEN NA		AIDDLE	1,4	AST.
Richa		W.	Claxton	1	Mary			Malo	
	ED EVER IN U.S. AR		166 SOCIAL SECT	URITY NO.	17 INFORMANT		ADDRESS		
(YES, NO OR UNKN	IOWN) (IF YES, GIV	VE WAR OR DATES	578-05-	5448	Edward J. C	Claxton	Same as	item #	13
	OF DEATH (Enter or EATH WAS CAUSE		MYOCARN	nd (c).)	INFARCTIO	N			NESIATE
	if ony, which to immediate , stating the	DUE 10, 0	RAS A CONSEQUENCE OF AS A CONSEQUENCE	24 /	ARTERY B	ISEASE		30	YRS.
	HERSIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE C	DR CONDITION C	IVEN IN PART 1	10
90 DATE OF	OPERATION	196 COND	PITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPS	IN CER	ES, WERE FIND TIFYING CAUSE YES [INGS USED S OF DEATH?
00.00.00000000	T WAS UNDERLYING TING CAUSE OF DEADTHEY MEDICAL EXAMINED	HOUR A	OF INJURY .M. MONTH D .M.	AY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATUR	E OF INJURY IN ITEM 1:	8 PART I OR PART 2)	
OR CONTRIBU		21e PLACE	OF INJURY REET, FACTORY, OFFICE.		211. LOCATION STREET		ITY OR TOWN	COUNTY	STATE
sow the	that (I) (this hosp deceased alive on (I) (we) (did) (did no	12/	20 19	87.	nd that in (my) (aur) apinion	death accurred a	2/29 on the date and h	. 19 <u>87</u> aur and fram th	, that (I) (we) la e couses stated
226. SIGNAT		Ne	elon	M.1.		MEDICAL DIRECTOR	STAFF PHYSICIAN	12/	E SIGNED 30/87
224 DUVCIC	ANI'S NIAME THURS	20.000.111			22a ADDRESS				

Kevin Nealon, M.D.

23c. NAME OF CEMETERY OR CREMATORY

916 19th St., N.W., Washington, D.C. 20006

23d LOCATION

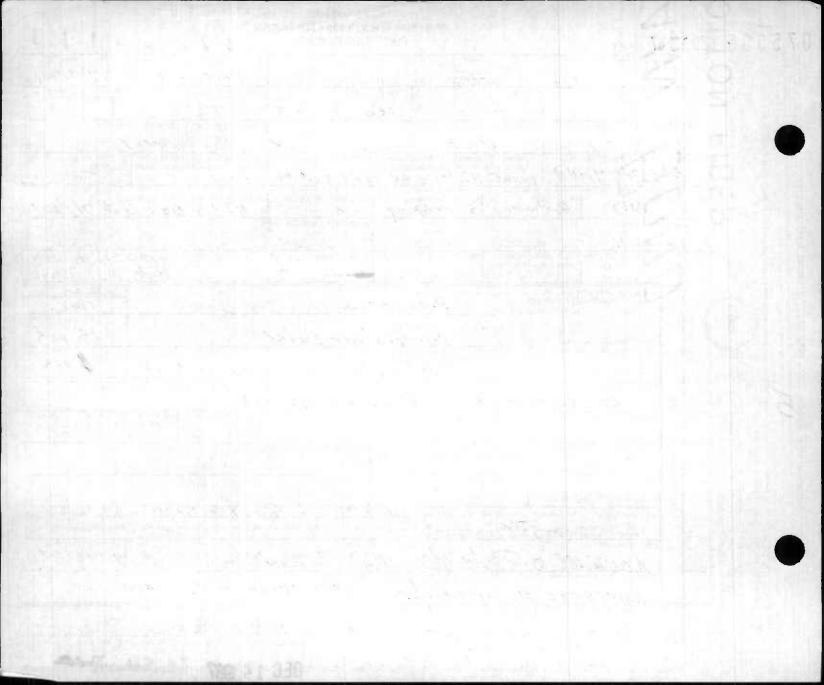
23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial Burial 1/2/88 Cedar I Cedar Hill Cem. NAME 5130 WI Ave. NW Wash., ADDC 20016

Suitland, MD 25 AM REED BY 108 BAR 256 REGISTRARIS SIGNATURE

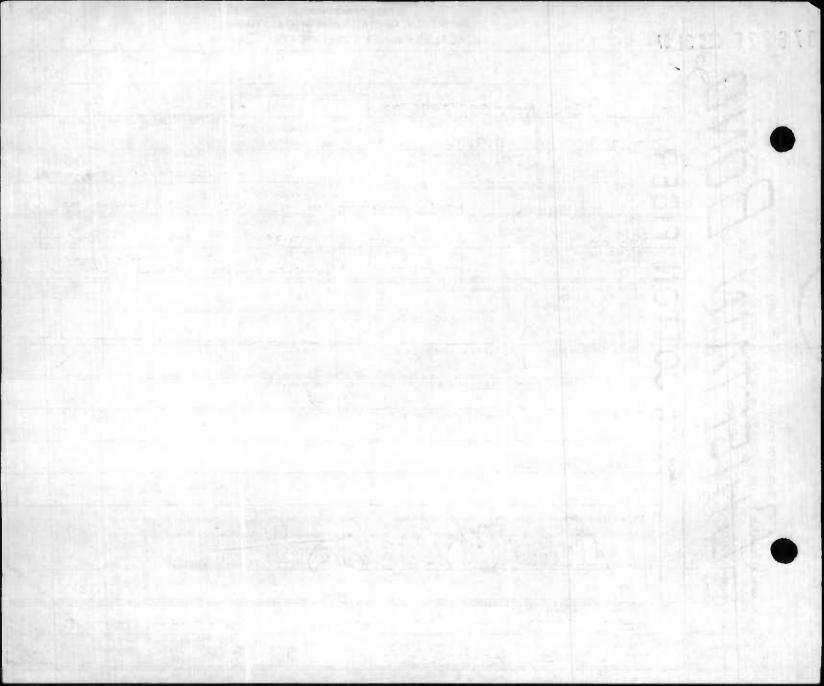
DHMH - 16 60M.7/84 (VRA.15, 4)

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	2	1	18 22a,F	ilmG636	2/5/88			ARYLAND AND MENTAL	HYCIENE				
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	0 2 0 010	I. DE	CEASED NAME	7957		MIDDLE		LAST	7a D.	REG. N	A	DAY YEA	AR 7b HOUR
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•	PLEA CTO FILE FOUR TREE	1, SE	X 4 RA	CE.	DATE OF BIRTH	YEAR LAST BIRTHE				DATE	MONTH		AR 2d HOUR 3:00
	DIRE DIRE DUR 72 H	Ma	ale I	Black		, 1954 33	. Information	S DAYS HOURS		OEAD	12/	17/19 8	37 P M
	RAL RAL RHINY REST		RTHPEACE INTAIN OR	1	b. CITIZEN OF W	HAT COUNTRY?	0	D NEVER MAR	RIED X 9. BA	LTIMORE CITY			
	S NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET	1 1	Maryland		U.S.	. A.	WIDOW		110	ntgomer			MD
	D THE F PAGE F-ILED	1)	IT OF TOWN OF DE	Charles and	(IF NOT IN SUCH FA	SPITAL, NURSING HOM	E, OR OTH	R INSTITUTION		CCUPATION (TO F WORKING LIFE)	YPE OF WORK	126 KIND OF OR INDU	BUSINESS
	PA PA		Saithersbu			acylity give street address) addy Branch			Labo	rer (Re	et)	State	Hwy Cor
	SCHOOL STAN		AL RESIDENCE (IF IN N STATE	136 COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET A	DDRESS		2 0878	8 Apt
	2 4 4 5 B		Md	Mont	g.	Gaithers	sburg			Muddy	Branc	ch Rd	101
	# #- # 0 # /	13	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIL		MIDDLE		LAST	
	90000	160 \	Arthur WAS DECEASED EVE	DINITIS ADAMS	G.	Clippe		Jul:	ia	Mae	ē.	Jack	son
	● 版到8浴 1)	100.	(ES, NO, OR UNKNOWN)	I IF YES, GIVE W	AR OR DATES)		1			L10 Bows	sprit (Court	
	1 35535	H		TH (Enter only		579-74-599 for (o), (b), and (c)')	14	Patricia	Snowder	1 (Siste	er) G	aither	Sburg
	ONST.		PARTIDEATH	WAS CAUSED I	BY:	Myocard:	ial Fi	brosis				BETWEEN ON	NSET AND DEATH
	PRESTONS THIN 24 HC CIL IN ITEM VER ALONG ANSIT PERA AL HYGIEN REMOV		2777	IMMEDIATE		AS A CONSEQUENCE		1010313					
	単 工业協工业場		Conditions, if		(b)			11					
	DI W. PR TED WITH V PENCIL XAMINEI AL-TRAN MENTAL N, OR RE	1	couse (a) statin	g the under-	<	AS A CONSEQUENCE	OF		1 4				1 1 1 1
	ZOT NE EXAL- ON, ON,	18	lying couse lost		(c)							1800	
	NAL RECORDS, 201 W. P. DULD BE EXECUTED WIT PENDING" IN PENCI FOR MEDICAL EXAMINI SED AS A BURIAL - TRA ALL, CREMATION, OR R.	10	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	NTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION GIVEN IN P	PART 1 (g)				
	RECORDS LD BE EXE PENDING MEDICAG MED	N N		4	ine use			100		Y			
	NL R	CAT	19a. DATE OF OPER	ATION	196 CONDI	TION FOR WHICH OPE	RATION W	AS PERFORMED?	- 1 (cs)		THE	20 AUTOPS	SY?
	DIVISION OF VITAL S CRETIFICATE SHOU RITING THE WORD " ROED TO THE CHIEF RE 3 SHOULD BE USE TO EPERATMENT OF HOI PRIOR TO BURLAL	MEDICAL CERTIFICATION	21a EXTERNAL CAL	IST WAS	AN THE O							YES 🔀	NO []
	THE WENT	100	UNDERLYING	OR		A. MONTH DAY YEA	R 21c HC	W INJURY OCCURR	RED LENTER NATURE	OF INJURY IN ITEM 1	8 PART 1 OR PART	(2)	
	SION TO	S	CONTRIBUTING			OF INJURY LATHOME.	216 1.00	CATION					
	S CE RECE RES RES RES RES RES RES RES RES RES RE	ME	WHILE NOT AT N			TORY, FARM, ETC.)		REET	CITY	ORTOWN	COUR	NTY	STATE
	E, WA					1 .		য়েন	<u></u>				
	NAMER: THIS CERTIFICATE SHOULD BE ICATE, WRITING THE WORD "PER E CORWARDED TO THE CHIEF MATTOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEAD AND, 21201 PRIOR TO BURIAL, CI		and the second	/	Letters.	scribed about held on	Autops				ind in my opi	nion	
	EXAMI CERTIFIC ULD BE DIRECT WITH		death resulted to	Notural Natural	courses 4	formal L	ricide L	Homicide	Undetermine	ed monner	•		
	W. W.	1	ACTUAL SIGNATURE	llu	un/	Mush	un	stan	t uspicus		DATE	12.	/18/87
	SHEET		SIGNATURE			1					SIGNED		
	TO MEDICAL EXAMNER: THIS C EXECUTE THE CERTIFICATE, WRIT PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE: AFTER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 21201		(TYPE OR PRINT)	Denr	nis F. Sr	myth, M.D.		ADDRESS111	Penn St	., Balt	0., Mc	1. 2120	01
	-01	23a.B	URIAL, CREMATION,	REMOVAL 236	DATE	23c. NAME OF CE	METERY OF	CREMATORY	23d LOCATION	NC	COUNT	TY .	STATE
07	84 BP 958		Burial	1	2-22-87	Ash Me	moria	l Cem.	Sandy	Spring	, Mont	g, MD	
25	M DHMH - 17		UNERAL DIRECTOR		246 N	. Washingto	n St.	25a. DATE	REC'D. BY REGI	STRAR 25h: REC	SISTRAR'S SK	GNATURE	ALA
	(VR A15 ME (5))	G	eorge R. S	nowden	Rockv	ille, MD 2	0850	DEC	28198	01 8			



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DED A DEMENT	0.5	115		THE	AMP	MEMT

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	8 /REG. NO.	0	1	1	2
1	Dec. 31,19	87	YEAR	25 HOU 2:00	
Т	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIVEAR	IF UNDER	24 HRS
	74 YRS	MONTHS	DAYS	HOURS	MIN
	A DALTHAODE CITY OF COUNT	VOEDE	ATM		

PE OR PRINT)	Lilli	NN	A.	Cluken
Female		White		July 5,1913

Columbe

76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA

WIDOWED [DIVORCED THER INSTITUTION

I INSIDE CITY LIMITS?

Montgomery 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR Home TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWITE

Silver Sprin	/ 100	AME OF HOSPITAL, NI HOLY Cross	
oual residence (IF NOR of STATE Maryland		nstitution, give residence 13c. CUY OR Silve	130 Y
FATHER'S NAME			15.

13. STREET ADDRESS 12214 Charles Road 20906 NO [MOTHER'S MAIDEN NAME FIRST Cora

(Unknown)

ADDRESS

0	WAS DECEASED EVER	IN U.S. ARMED FORCES?	166
	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	0
	No		ľ

FOR

- STATE

REGISTRAR CEASED NAME

TO BIRTHPLACE (STATE OR FOREIGN

(Unknown)

New York

SOCIAL SECURITY NO 17. INFORMANT 80-03-4275

Paul A. Clukey (husband) same as 13e

18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for toly (b), and (c) D BY: E CAUSE (a)	Rebuillation and	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	carlies arrest	
gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	regiserer Real	10 yra.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

90 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO
Pla. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	716. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)
WHILE NOT WHILE AT WORK	71e. PLACE OF INJURY {AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.}	21f LOCATION STREET	CITY ON 10	OWN COUNTY S

DEGREE

ATTENDING

22d, PHYSICIAN'S NAME (TYPE OR PRINT)

B. N. ROSENBAVM

22e ADDRESS

73a.	BURIAL, CREMATION,	REMOV
	(SPEC Burial	

1/4/88

23c. NAME OF CEMETERY OR CREMATORY Parklawn Memorial Park

CITY OR TOW Rockville, Maryland TE

^{14 FUNERAL DIRECTOT} yson Wheeler Funeral Home, Inc. 1331 Rockville Pike, Rockville, Md. 20852

REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detached with the State Dept

njury, or other traumatic

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STATE OF MARYLAND

8 ZG.NO. 3 6 !	1	6
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07	5010	DEC	5	FOR STATE EGISTRAR		DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	IENE B ZG.NO	3	6 1	1 6
	page 3			CEASED NAME FIRST LAURA	JE	AN		URN		EC. 10		HOUR L:45 P
	pag er de		3. SE	Х	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF U		UNDER 24 HRS
	ge 4			FEMALE	WHITE		OCTO	BER 10, 1933	54	YRS	THS DATS HO	DURS MIN.
	Page I direc	8		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8		8. MARRIED NEVER MARRIED		9. BALTIMORE CITY O		DEATH	
	deoth.	9 7	,	MICHIGAN	USA		WIDOWE	37	MONTGOM	ERY CO.		MD.
10	s ofter d	28		THESDA	(IF NOT IN SUI	HOSPITAL, NURSING FACILITY, GIVE STREET A BETHESD	ADDRESS)	PR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF CIVIL SERVICE	WORKING LIFE)	IZE KIND OF BI	
ND 212	24 hour	201		AL RESIDENCE (IF NURSING DIVE OR STATE MD		GIVE RESIDENCE BEFORE 131. CITY OR TOWN COLUMBIA		13d. INSIDE CITY LIMITS? YES NO [X]	13e.STREET ADDRESS / 8858 TAMEB	ZIP CODE		
YIA	1 17	// line	14 F	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE			
MARYLAND	WH	20	U	DON	R.	COBUE	RN	MARGARET	M.		LOSEY	
m,	1 3 1	dicol	160 V	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	⁵⁵ 9789 H	illsmeı	e Rd.
IWO	Pog .	med	Y	vas deceased ever in U.S. ar yes, no or unknown) [1956] LS	-1957	525-82-6	890	Richard Cobur	n,	Ellico	tt City	21043
BALT	sicio ipers	1		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause pe	r line far (a), (b), and	liest				APPROXIMAT BETWEEN ONSE	
ST., I	of physical company	1			E CAUSE (a)	Cardiac	arres	t				
NO O	the contract	natic			DUE TO, C	R AS A CONSEQUE	NCE OF					
REST	de composito	trough		Canditions, if any, which gave rise to immediate	(b)_	Sepsis						
×.	4 411	9		cause (a), stating the underlying couse last.	1	R AS A CONSEQUE				7 (2.1)		
201	0 ples	ò		PART 2. OTHER SIGNIFICANT O		Large Ce			IN AL DISEASE OR CONT	NITION COVEN	D + D + D 7 1	
	B BAA	dunit	z	PART 2. OTHER SIGNIFICANT	.ONDITIONS <u>C</u>	ONTRIBUTING TO L	EAIN BUI	NOT RELATED TO THE TERM	INAL DISEASE OR CONL	JIIION GIVEN	IN PART ITO	
AL RECORDS,	no law as hos been perme	100	CERTIFICATION	198 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES 🕅 NO		ERE FINDINGS G CAUSES OF	
/ITA	y to the country of t	2 T	HE HE	210. ACCIDENT WAS UNDERLYING				216 HOW INJURY OCCURE	2.0			
OF	State of the state	1/		OR CONTRIBUTING CAUSE OF DEA	din .	.M. MONTH DA	Y YEAR	Victoria de la constante de la				
DIVISION OF VIT	His o	5	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION	CITY OF TO	WN	COUNTY	STATE
NIS	96 144	1	2	MHILE NOT WHILE								
۵	NON THE	0.00		220 I certify that XI (this hospi	tol) attended t	ne deceased from_			, to DECEMBE			XII (we) last
	S S S S S S S S S S S S S S S S S S S	23		saw the deceased alive on abave, XI (we) (did) XXX	DECEMB X view the bady	ER 10. 198	, at	nd that in (Xy) (aur) opinion	death occurred on the do	ote and hour an		
	or ho of	all l		THE SIGNATURE ON 1	11			DEGREE ATTENDING	_ MEDICAL STAF		22c. DATE SIG	NED
	TAL TAL BAL deto	ž-		Will With	Kh	IMD		PHYSICIAN [DIRECTOR PHYSIC	IAN	12-11	-8/
	SO PAR	ORTA		22d. PHYSICIAN'S NAME (TYPE	7 00	44 7		22e ADDRESS NATIO				
	O O	1	_	William D.	Hottma		-	ROCKVILLE PI		A, MARY	LAND 20	892
	P- 12		230.	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		DUNTY	STATE
	BP		24 5	BURIAL	12/16			N'S EPISCOPAL	ELLICOTT (E REC'D. BY REGISTRAR)			
	DHMH - 16 60M		1	LEROY M & RUS	SELL C	WITZKEDREU	NERAL	HOMES		1 .		
	(VRA 15, 4)		1630 EDMONDSOI	N AVE	CATUNSVIL	LE MD	21228	14 198/	yulla Di	endon Pa	MALL

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN X L DECEASED NAME (TYPE OR PRINT) OF Wilson DEATH MATED Ethel Coffay 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 2c DATE LAST BIRTHDAY) PRONOUNCED 5 FOR YOUR D, WITHIN 72 K Feb. 02. 1916 White Female. DEAD Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED 2. AND 3 TO THE FUNER 3. RETAIN PAGE 5 FOR 2 SHOULD BE FILED, WITH AL RECORDS, 201 W. PRE FOREIGN COUNTRY DIVORCED Montgomery County 126 KIND OF BUSINESS OR INDUSTRY ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION CTYPE OF WORK FOR MOST OF WORKING LIFE) Silver Spring Crosby Road 3a STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Cumberland Maruland 308 Mountain View Drive EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1. 2, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT FERMIT PAGES, "AMD 2.8 AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WALL BALTMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE OLIVER WILSON 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ES. NO OR LINKNOWNE I HEYES GIVE WAR OR DATEST 217-44-0234 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Acute myocardial disease. IMMEDIATE CAUSE (a)-DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION None 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING TICAUSE OF DEATH None 214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f LOCATION STREET, FACTORY, FARM ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an Inspection Hamicide L death resulted fram: Natural causes Accident Undetermined manner TITLE (SPECIFY ACTUAL Deputy 12/21/87 SIGNATURE MEDICAL EXAMINER Seminary Road er Spring, Montgomery County, MD EXAMINER'S NAME John S. Rogers, M.D. Silver (TYPE OR PRINT)

23r NAME OF CEMETERY OR CREMATORY

Balto. Md.

STATE OF MARYLAND

24 HOUR

NO X

STATE

STATE

COUNTY

256 REGISTRAR'S SIGNATURE

23d. LOCATION

07/84

BP

DHMH - 17

(VR A15 ME (5))

23a BURIAL, CREMATION, REMOVAL 23b, DATE

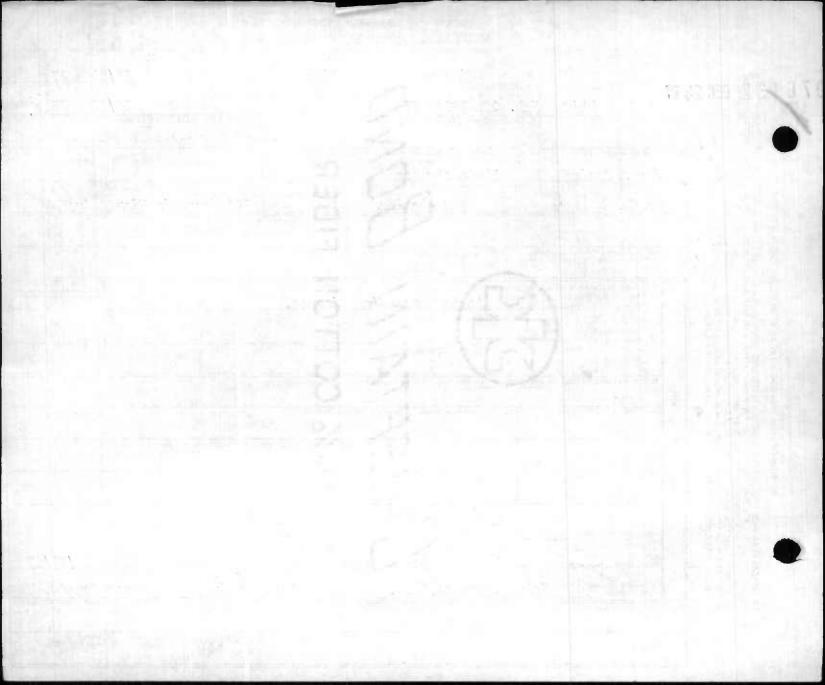
State Anatomy Board

Remova 1

24 FUNERAL DIRECTOR

12-21-87

ADDRESS



injury, or other tra

IMPORTANT: If them 21 is marked or them 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1'-	STATE REGISTRAR				CERTIF	ICATE OF DEATH	8	REG. NO.	6 1	1	8
I		EASED NAME	FIRST		MIDDLE	, t	A51	2a DATE O	F DEATH MONTH	DAY YEAR	2b HO	UR
l	(TYPE	OR PRINT)	HALL	24		Co	hen	-	12	1 81	1 376	15Pm
ſ	3. SEX		4	RACE	-	5. DATE C		6. AGE IN	YEARS LAST BIRTHDAY)	IF UNDER 1 YEA		R 24 HRS
l		MALE		Whi	18		uary 12,1920	67	YR		SHOURS	MIN.
1		RTHPLACE (STATE OF	FOREIGN 7	b. CITIZEN OF	WHAT COUN	ITRY?	NEVER MARRIED	9. BALTIMO	RE CITY OR COU	NTY OF DEATH		
ı		OUNTRY)		II C	A	WIDOWE	_	Mon	lanin FO	100	1.5.	
H		Maryland	ATU 1	U.S.			OR OTHER INSTITUTION	12- USUAL	OCCUPATION	1 135 8/5/0	OF BUSIN	MU
1	10 01	I OK IOWN OF DE	, ,			STREET ADDRESS	CINEK INSTITUTION		K FOR MOST OF WORKIN			IE33 OK
J	UI	YER JOL	1179	HOLY	CLO!	ss Ho	SDIFAL	Baker	(Retired	, ,		
ł	13a S	L RESIDENCE AF NURS	1136 COUNT	THER INSTITUTION.	13c. CITY OF		13d. INSIDE CITY LIMITS?	130. STREET	ADDRESS (20)	901)	Bake	ery
ı		ryland		gomery	Silve				ast Wayne	Avenue.	#212	
ł		THER'S NAME		, ,	DILVE	T OPILING	15. MOTHER'S MAIDEN NA					
٧		FIRST	M	IDDLE	LAS	ST	_ FIRST		MIDDLE	Gelis	LAST	
4	1	Meyer		C	ohen		Rose					
1		AS DECEASED EVER			166. SOCIAL	SECURITY NO.	17. INFORMANT		AD BY Sve	r Spring	Md.	2090
		KO OR UNKNOWN)	IF YES, GIVE	WAR OR DATES	220-0	5-4707	Toby Cohen; W	Vife; 25	E. Wayn	e Ave.,#	212;	
ł		18. CAUSE OF DEAT	M /Enter poly	000 50000 005	line for em. (b) and (fil)	Λ			APPRO	NUMBER AN	ERVAL
ı		PART I. DEATH W	AS CAUSED	BY:		000	c Arres.	-		SCIWE	NONSEI AN	DEXIII
ı			IMMEDIATE	CAUSE (a)		1	C Milios	7	0		, , ,	_
ı				DUE TO, O	R AS A CON	SEQUENCE OF	M	Vial	711/2	bud 1	16-	- 5
ı		Canditions, if any		(b)		JENTE	1. Cyocas	2/14/	191210	JNI (-	> // \	7
ı		cause (b), statir underlying cause	ng the	DUE TO, O	R AS A CON	SEQUENCE OF	9			100		
1				(c)								
ı	z	PART 2. OTHER SIGI	NIFICANT CO	ONDITIONS <u>CC</u>	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEAS	SE OR CONDITION	GIVEN IN PART	110	
4	CERTIFICATION		71011	101 50115	TION (OR)	WILCH COED ATIO	WAC DEDECORATE	Tag- AllTr	ODCV2 Tank IE	YES, WERE FINE	ONIC C LICI	
	CA	19a. DATE OF OPERA	TION	196. COND	ITION FOR W	VHICH OPERATIO	N WAS PERFORMED	200 AUTO		RTIFYING CAUSI		
V	TIE							YES 🗌	NOU	YES 🗌	NO [
1	S	21a. ACCIDENT WAS UN		216. TIME O		H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTERNA	ATURE OF INJURY IN ITEM	TB PART I OR PART 2)	
1	AL	OR CONTRIBUTING		P.		19						
ı	MEDICAL	21d INJURY OCCUR		21e. PLACE			21f LOCATION					
ı	ME	\\\.	HILE []			OFFICE, FARM, ETC]	STREET		CITY OR TOWN	COUNTY		STATE
ı		AT WORK AT WO	RK				11-15-	7	100	5 27		
ı		220.1 certify that (1)	(this hospital	D _{attended} th	deceased/	from 1001	19 8	T., 10	aceust 1	190	, that (I)	(we) lost
1		saw the decompabave, (1) (1)	nd alive on_	Development	offertheath	19 0 F. or	nd that in (my) (aur) apinion (death accurre	ed on the date and	hour and from th	ne couses y	tated
1		226. SIGNATURE	II.il.	7	12		DEGREE		_	22c. DA	TE SIGNED	20
		1116	WEL	dret	A THAT	1	ATTENDING PHYSICIAN I	MEDICAL	STAFF PHYSICIAN	12	1118	4
1		224 PHYSECTAN'S N.	AMERITAN OF	pleas 1	Trila	\rightarrow	22e ADDRESS	J. J. M. C. OK	0 0		110	0
		Duc	4	4/10	and		2020 (00	noch	H-1:	her Spa	109	M
4		Torre	1	V	1		100,00	100	1010,	100	1/	
		URIAL, CREMATION	MEMOVAL	DATE			EMETERY OR CREMATORY	CITY	ATION Y OR TOWN	COUNTY	7	STATE
]	Burial		12/3/8	7	B'Nai Is	rael Cemetery	Ва	altimore,	Marylan	id	

REGISTRAR 256. REGISTRAR'S SIGNATURE

⁷⁴ FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 1170 Rockville Pike; Rockville, Md. 20852

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

L- STATE

STATE OF MARYLAND

	I MIL O		LEMIND	
DEPARTMENT	OF HEA	LTH AN	ID MENT	AL HYGIENE
CE	RTIFIC	ATE O	F DEAT	H

67	REGISTRAR				CERTIF	ICATE OF DEATH	S REG NO.	0 0 1	1 7
	EASED NAME	FIRST		WIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(TYPE	OR PRINT)	DA			COF	HEN	DECEMBER 24,	1987	9"45 M
1,587			4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	FEMALE		CAUCAS I	AN	MONTH 11	30 99	S. MONING DATS	HOURS MIN.	
	RTHPLACE STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR COUN		
	EW YORK		U.S.A		WIDOWE		MONTGOMERY		MD.
10 CI	TY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NURSIN		R OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN		OF BUSINESS OR
- Marie	BETHESDA			OD NURSIN		NTER	MERCHANT-RET.		ES WEAR
13a S	AL RESIDENCE (IF NURS	13b COUN		13c. CITY OR TOWN		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	ODE	
MA	RYLAND	MONT	GOMERY	BETHESDA		YES NO 🛣	7020 HOPEWOOD	STREET	(20817)
14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME	IA	ST
	LOUIS			GOULD		MARY		GRODI	IAN
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT DAU	GHTER ADDRESS A	MARYLAND	20817
39	ES, NO OR UNKNOWN)			578-52-	3039		N: 7020 HOPEWOO		
	18 CAUSE OF DEATH	H (Enter ar	nly ane cause per	line far (b) and	dice			APPRO) BETWEEN	ONSET AND DEATH
	PART I. DEATH W		TE CAUSE (a)	ruln	nono	my arrest		1/11	MED
			DUE TO O	R AS A COREQUE	NCE OF				11
	Canditians, if any,	which	((b)_	VNEU	mo	nia-Septi	د		weal
	gave rise to imn cause (a), statin		DUE TO O	R AS A CONSEQUE					
	underlying cause	last.	(c)_						
	PART 2 OTHER SIGN	NIFICANT (CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	a
CERTIFICATION	ASHD;	ChR	Ponic C.	H.F.OS	teope	ROSIS, MYU	RIA		
CA	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDI	
ET.							YES NO P	YES 🗌	NO 🗆
	210. ACCIDENT WAS UND	_	21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
3	(IF EITHER, NOTIFY MEDIC		AIII	м.	19				
MEDICAL	21d. INJURY OCCURE	RED	21e. PLACE	OF INJURY	ADM FTC A	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
2	NOT WH	RK C						1	
	22a.1 certify that (1)	(the hosp	tal) attended th	e deceased fram	7	1952		19	that) (wes last
	saw the decease abave, (1) (we) (a	ed alive an	at) view the bady	after death.	, ar	nd that in (my) (and opinion o	death occurred on the date and	haur and from the	causes stated
	22) SIGNATURE		11	1 0	~	DEGREE	/		SIGNED
	Willed	me	Kur	seen or	11)	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12-	25-87
	22d PHYSICIAN'S NA	AME (TYPE C	OR PRINT)			22e ADDRESS			
	DR. WIL	LIAM	KURSTIN			1145 19th	ST. N.W. WASH	INGTON.	D.C.

CREANT

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE 234 NAME OF CEMETERY OR CREMATORY

23d. LOCATION

COUNTY GARDEN FALLS CHURCH VIRGINIA
REC'D. BY REGISTRAR 258. REGISTRAR'S SIGNATURE

BURIAL 12/27/87 KING DAVID ME

24 FUNE PANTANASKY-GOLDBERG MEMORIAL CHAPELS INC
1170 ROCKVILLE PIKE; ROCKVILLE, MD 20852 KING DAVID MEMORIAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

IE IA I	OI	HEML		MILL	MENTAL	4
CE	RTI	FICA	ATE	OF	DEATH	

3	REG. NO.	3	ó	1	2	
)	REG. NO.	W	7	12	60	

	REGISTRAR			CERTIF	ICATE OF DEATH	D REG. N	O. W	87	6.0
PE	TO POINT	FIRST	MIDDLE	0.	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	Will	iam Fred	erick	Cole	man Sr.	1	2 - 13	-37	10:07
3. SEX	Х	4. RACE	4. RACE		F BIRTH	6. AGE (IN YEARS LAST BIR		ONTHS DAYS	HOURS
Ma	ale	Cauca	Caucasian Jú		3, 1934	53	YRS		
	IRTHPLACE (STATE OR FOR	REIGN 76 CITIZEN	OF WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	COUNTY	OF DEATH	
	aryland	United	TT		D DNORCED	Montgomer	y Coun	ty,	
	OCKVILLE		OF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET Grove Adv	ADDRESS) entis	R OTHER INSTITUTION	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Fire Chief		126 KIND C INDUSTRY N.I.	H .
13a S		G HOME OR OTHER INSTITUT 3b COUNTY Montgomery	13c CITY OR TOW	/N	13d INSIDE CITY LIMITS?	1305 Glads	/ ZIP CODE	rive 2	0851
14. FA	ATHER'S NAME FIRST William	MIDDLE H. Co	leman		15. MOTHER'S MAIDENNA. FIRST Annie	ME MIDDLE	Br	igham	51
	WAS DECEASED EVER IN	U.S. ARMED FORCES		JRITY NO.	17 INFORMANT Wif	e ADDR	ESS		
(4)	No	THE LES CHAF MAK ON DATES	220 28 5	258	Patricia A.	Coleman	Same a	s item	13
	18 CAUSE OF DEATH	(Enter only one cause	per line for (a), (b), an	id (c).)				APPROX	MATE INTERV
	cause (a), stating underlying cause	last (c)	OR AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVE	N IN PART 1	a
ATION	underlying cause	the last DUE TO (c) FICANT CONDITIONS Acute		cyfic	Leakemia	INAL DISEASE OR CON	20b IF YES.	WERE FINDI	NGS USED
RIFICATION	underlying cause PART 2 OTHER SIGNII	the last DUE TO (c) FICANT CONDITIONS Acute	CONTRIBUTING TO	cyfic	Leakemia		206 IF YES, IN CERTIFY		NGS USED
	PART 2 OTHER SIGNII 190 DATE OF OPERATIO 210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	THE DUE TO (c) FICANT CONDITIONS ACL ON 196 COI RIYING 216. TIM HOUR KLEXAMINER	CONTRIBUTING TO	CYTIC OPERATION	LCA KEMIA N WAS PERFORMED	200 AUTOPSY?	206 IF YES, IN CERTIFY YES	, WERE FINDI	NGS USED OF DEATH
MEDICAL CERTIFICATION	PART 2 OTHER SIGNII 190 DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CA	THE DUE TO (c) FICANT CONDITIONS ACA + ON 196 COI REVING 216. TIM HOUR ALEXAMINER) D 216 PLA: (at home	CONTRIBUTING TO	CYPE OPERATIO AY YEAR 19	Lca Kemia N WAS PERFORMED	200 AUTOPSY?	206 IF YES, IN CERTIFY YES	, WERE FINDI	NGS USED OF DEATH NO
	UNDERLYING COUSE PART 2 OTHER SIGNII 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CA (# EITHER NOTHY MEDICA 210. INJURY OCCURRE WHILE WHILE AT WORK 220.1 certify that (1)	The DUE TO (c) FICANT CONDITIONS ACL + ON 196 COI REYING 218. TIM HOUR RESEARCH 218. TIM HOUR LEXAMINER 218. TIM HOUR LEXAMINER 218. TIM HOUR LEXAMINER 218. TIM HOUR LEXAMINER 218. TIM HOUR LEXAMINER 218. TIM HOUR LEXAMINER 218. TIM LEXAM	Ly m pks Ly m pks NDITION FOR WHICH E OF INJURY A.M. MONTH D. P.M. STREET FACTORY, OFFICE, F	DEATH BUT CYFIC OPERATIO AY YEAR 19 FARM. EIC)	LCA KEMIA N WAS PERFORMED 216. HOW INJURY OCCURI	200 AUTOPSY? YES NOW NEED (ENTER NATURE OF INJURE OF INJURE OF ITY OR TO	206 IF YES, IN CERTIFY YES	WERE FINDI	NGS USED OF DEATH NO
	UNDERLYING COUSE PART 2 OTHER SIGNII 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CA (# EITHER NOTHY MEDICA 210. INJURY OCCURRE WHILE WHILE AT WORK 220.1 certify that (1)	THE DUE TO (c) FICANT CONDITIONS ACL + ON 196 COI RIVING 216. TIM HOUR ILLE EAMINER 216. PLA (AT HOME E	Ly m pks Ly m pks NDITION FOR WHICH E OF INJURY A.M. MONTH D. P.M. STREET FACTORY, OFFICE, F	AY YEAR 19 FARM.ETC)	21c. HOW INJURY OCCURION STREET 11 LOCATION STREET 12 M 19 87 and that in million (our) opinion DEGREE ATTENDING	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJU CITY OR TO deoth occurred on the d	206 IF YES, IN CERTIFY YES ARY IN ITEM 18 PA	WERE FINDING CAUSES INT I OR PART 2) COUNTY Ond from the	NGS USED OF DEATH NO
	Underlying cause PART 2 OTHER SIGNII 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTION 21a, ACCIDENT WAS UNDER OR AT WORK 22a, I certify that CONTRIBUTION 22a, I certify that CONTRIBUTION 22a, I certify that CONTRIBUTION 24a, CONTRIBUTION 25a, CON	The last DUE TO (c) FICANT CONDITIONS ACUT ON 196 COI REYING 216 TIM HOUR LEXAMINER 101 216 PLA (AI HOME this hospital) attended (did not) view the bo	E OF INJURY A.M. MONTH D. P.M. CE OF INJURY STREET FACTORY, OFFICE, I	AY YEAR 19 FARM.EIC)	216. HOW INJURY OCCURI 216 LOCATION STREET 19 87 and that in my (our) opinion DEGREE ATTENDING PHYSICIAN 1226 ADDRESS 1480	200 AUTOPSY? YES NOW NOTE CITY OF TO deoth occurred on the d MEDICAL PHYSIC	206 IF YES, IN CERTIFY YES IN CITEM 18 PA	WERE FINDING CAUSES COUNTY Ond from the	NGS USED OF DEATH NO THAT I (we causes state SIGNED
WEDICAL MEDICAL	UNDERLYING COUSE PART 2 OTHER SIGNII 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CA (IF EITHER NOTHY MEDICA 21d. INJURY OCCURRE WHILE AT WORK AT WORK 220.1 certify that (1) (1) SOW the deceased above (1) well did 22b. SIGNATURE 21 UNIAL CREMATION RE	THE DUE TO (c) FICANT CONDITIONS ACH ON 196 COI REYING 216. TIM HOUR ALEXAMINER D 216 PLA (AI HOME AI	CONTRIBUTING TO LY M PKS NDITION FOR WHICH E OF INJURY A.M. MONTH D. P.M. CE OF INJURY STREET FACTORY, OFFICE, I advanter death. Dec. 23c. 1	DEATH BUT CYPTE OPERATIO AY YEAR 19 FARM.ETC) NOV.	216. HOW INJURY OCCURI 216 LOCATION STREET 19 87 and that in my (our) opinion DEGREE ATTENDING PHYSICIAN 1226 ADDRESS 1480	200 AUTOPSY? YES NOW MEDICAL STADIRECTOR PHYSICIAN Physician 123d LOCATION	206 IF YES, IN CERTIFY YES JRY IN ITEM 18 PA JA, It is in the ond hour JEFF CIAN LEFF CIAN 200 200 200 200 200 200 200 2	COUNTY Ond from the 22c DATE	NGS USED OF DEATH NO [] that (we causes state SIGNED
23a B (1) B1 24 FU	UNDERAL DIRECTOR RO	The DUE TO Column Column	CONTRIBUTING TO LY MPKS NDITION FOR WHICH E OF INJURY A.M. MONTH D. P.M. CE OF INJURY STREET FACTORY, OFFICE, I	AY YEAR 19 FARM.EIC) NAME OF COARKlaw	21c. HOW INJURY OCCURION 21l. LOCATION STREET ATTENDING PHYSICIAN PHYSICIAN 22l. ADDRESS 1480 Rucc EMETERY OR CREMATORY The Memorial	YES NOW NOT	206 IF YES, IN CERTIFY YES IN CERTIFY YES OWN 13 Internal Internal Is Particularly Internal Is Particularly Internal Is Particularly Internal Is Particularly Internal Island Island Internal Island	COUNTY Ond from the 22c DATE Junk COUNTY COUNTY	stand stand

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, should be detached for un with the State Dept. of He MPORTANT, If hem 21

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BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

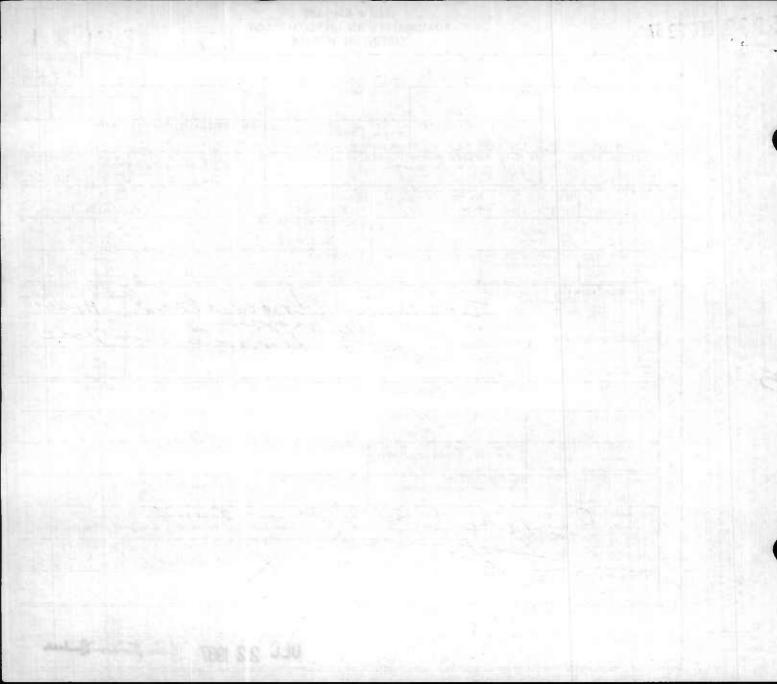
0759

1				STAT	E OF MARYLAND			
13	S TOR STATE		DEPAR	TMENT OF	HEALTH AND MENTAL HYG	HENE Cleared by	Dr. Taul	ber
44	REGISTRAR			CERTII	ICATE OF DEATH	B REG. NO.	3 5	2 1
	ECEASED NAME PE OR PRINT)	FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	Mai	rion	J.	Coll	inge	December 17.	1987	11:00am
3. SE	X	4 RACE		5. DATE (6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
	Female	Cauc	asian		st 23, 1905	82 Y	RS.	HOURS MIN.
7 7a. B	BIRTHPLACE (STATE OR FOR	EIGN 76. CITIZEN OF	WHAT COUNTRY	12 8	D NEVER MARRIED	BALTIMORE CITY OR COU		
	ashington, I		d States			Montgomery	County,	MD.
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INSTITUTION	170 USUAL OCCUPATION		OF BUSINESS OR
	Bethesda		ilmett R			Head Cashier		hone Co.
USU	JAL RESIDENCE (IF NURSING					nead Cashiel ,	Trerep	mone co.
		b. COUNTY	13c. CITY OR TO		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C		1.7
		Montgomery	Bethes	da	YES NO X	6100 Wilmett	Road/ 208	3 I /
MILE	ATHER'S NAME FIRST	MIDDLE	tAST		15. MOTHER'S MAIDEN NA	WE	LA	ST
4	Ernest	Guy	Mille	r	Frances	J.	Mil	ls
	WAS DECEASED EVER IN		166 SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDRESS 9	219 Shelt	on St.
	(YES, NO OR UNKNOWN)	IF YES, GIVE WAR OR DATES)	577 20	4711	Charles S. Co	ollinge Bethes	da. Marvl	and 2081
								CIMATE INTERVAL
	PART I. DEATH WAS	Enter only one couse pe	r line for (o), (b), o	and (c).	1 11		BETWEEN	ONSET AND DEATH
	IN	MEDIATE CAUSE (0)	Due	Slil	in Unon	aco arini	W H	run
	13.30.34	DUE TO C	R AS A CONSEO	HENCE OF	mours	2001		
	Conditions, if ony, w		K AS A CONSEC	DEINCE OF	10	//-	- 20	are
	gove rise to immed			mo	THE REAL	no my		
	couse (o), stoting	, DOL TO, C	R AS A CONSEO	UENCE OF				
1	underlying couse	last. (c)						
	PART 2 OTHER SIGNIF	ICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	(a)
Z								
CERTIFICATION	19a. DATE OF OPERATIO	N 19h COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. II	F YES, WERE FINDS	NGSTISED
문						IN CE	ERTIFYING CAUSES	S OF DEATH?
H E					Towns	YES NO X	YES [NO 🗌
	210. ACCIDENT WAS UNDER		.M. MONTH	DAY YEAR	216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEA	M IB PART I OR PART 2)	
N S	(IF EITHER NOTIFY MEDICAL	JOE OF DEATH	.M.	19				
MEDICAL	21d. INJURY OCCURRED		OF INJURY		21f LOCATION	THE CANADA	4 000 000	
ž	WHILE AT WORK AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE	E. FARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE
	-			0-1	11.161	0	/	
		his hospital) attended the			19 19	to freshiff		that (1) (we) lost
	sow the deceased above, (I) (we) (did		ofter death.	0,0	nd that in my (our) opinion	death occurred on the date and	f hour and from the	couses stated
100	226 SIGNATURE	/_	4	-	DEGREE		22c. DATE	SIGNED
- 7	(10. 1		10	ATTENDING	MEDICAL STAFF	Dece	mber [8, 1987
H	178 PHYSIEMN'S NAM	P'ITTE CASSACTION		-00	220 ADDRESS	DIRECTOR PHYSICIAN	, ,	198/
		-/					100	
5	Jere J	. Daum M.D.			7505 Democra	cy Blvd. Bethe	sda, Maryl	Land 2081
	BURIAL, CREMATION, RE		230	NAME OF	EMETERY OR CREMATORY Ton National	23d LOCATION		
	(SPECIFY) Burial	Decem 21,19	ber W	ashing	ton National	Suitland,	Mary I and	STATE
	Durrar	2-1-2	0,	CE	emetery	Bulland,	maryrand	

BY REGISTRAR 250 REGISTRAR'S SIGNATURE

UEC 22

74 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home/
NAME Bethesda-Chevy Chase INC
7557 Wisconsin Avenue Bethesda, Maryland 20814

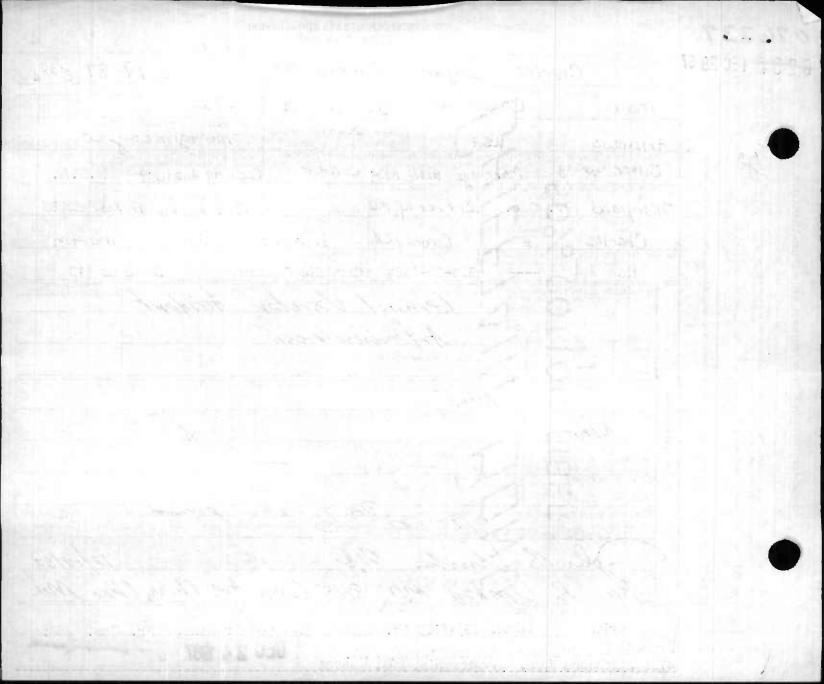


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					AND

RTMEN	IT O	F HE/	ALTH	AND	MENT	AL	HYGIE
C	ERI	IFIC	ATE	OF	DEAT	H	

8 7	EG. N	O. %	3 6		2	2
ATE OF DE	ATH	MONTH	DAY	YEAR	26 HC	UR

076237	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8 Zeg. No. 3 6 1 2 2
6237 DEC 28 87	1. DECEASED NAME (TYPE OR PRINT) Charles Edgar Condray Jr. 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 12-19-87 630 AM
ge 4 ma marker p	3. SEX 4. RACE Caucasian 5. Date of Birth OZ 18 /3 74 YEAR 74 YRS.
	HIRTHPLACE (STATE OR FOREIGN COUNTRY) 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED WINEVER MARRIED 7 BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED Montgenery Co. MD.
5 DE SO	10. CITY OR TOWN OF DEATH S, Iver Spring 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Carriage Hill NSg Center Security Analyst N.S.A.
LAND 21	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION of RESIDENCE BEFORE ADMISSION) 130 STATE 131 COUNTY 132 CITY OR TOWN 132 STREET ADDRESS / ZIP CODE 134 STREET ADDRESS / ZIP CODE 135 STREET ADDRESS / ZIP CODE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME
E MARY complete and 2	Charles E Condray Sk. Willie Belle martin
LTIMORE to execute on condition and control of the condition of the condit	No (FYES, NO OR UNKNOWN) (FYES, GIVE WAR OR DATES) 578-32-2564 Cordelia Condray Same as #13
ST., BA entheste g physic bonpope removal	18 CAUSE OF DEATH lEnter only one couse per line for (0) this, and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY:
that the death of by the ottending control of	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)
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TAL RECO	198 DATE OF OPERATION
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DIN ATTENDINA Sprital or of CTOR: Afri A for use os of the olth	220. I certify that (I) (this hospital) attended the deceased from
AL OR of the hor of th	3 Uniha DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12/19/87
O HOSPI House to FunE TO FunE MPORTAL	The B. Umhau MD 8865 Conn. Are, Chery Chase Md.
4.5.5.5.4.4	236 BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN COUNTY STATE
BP	Burial Dec 22 1007 Et lineals Co. Brandwood D. C.
DHMH - 16 60M 7/84 (VRA 15, 4)	Francis Gasch's Sons Funeral MD. 20781 4739 Baltimore Ave. Hyattsville, MD. 20781



STATE OF MARYLAND

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GATE OF HEAVEN

(SPECIFY) BURIAL

FOR

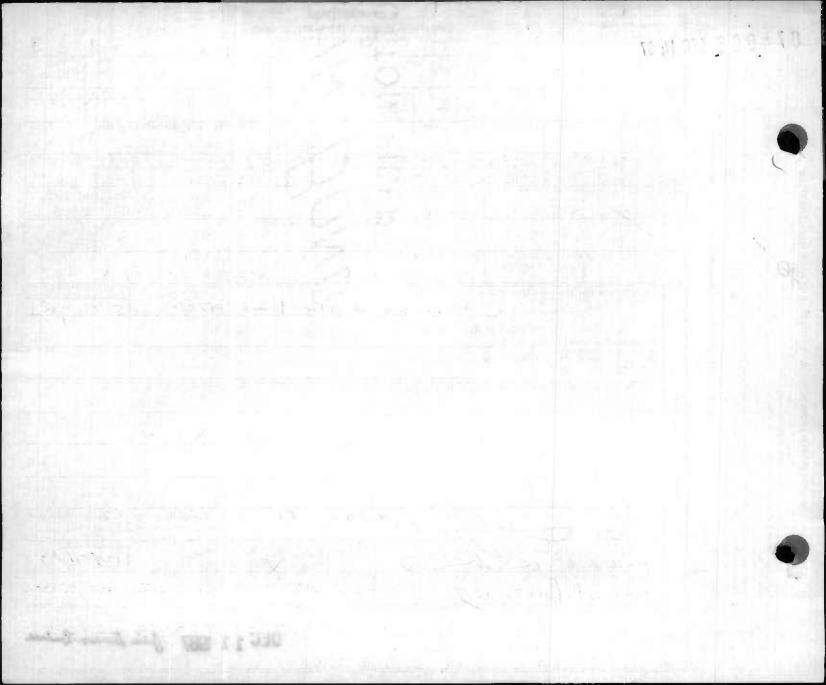
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SILVER SPRING MONTGOMERY

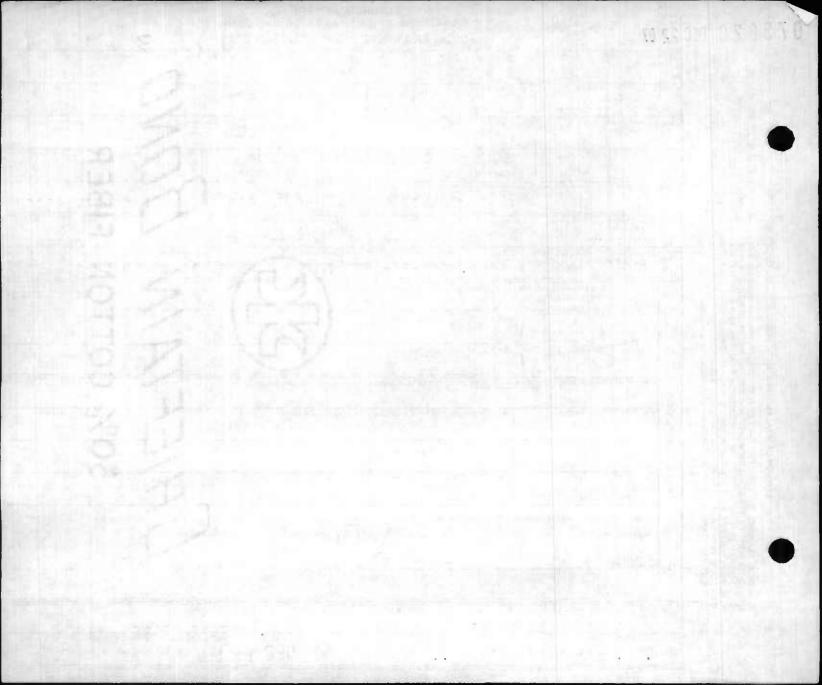
SY LEGITOR SS. REGISTAR SOUTHWEELE

DHMH - 16 60M 7/B4 (VRA 15, 4)

24. FUNERAL DIRECTOR FRANCIS J. COLLINS, JR. 500 UNIVERSITY BLV D W SILVER SPRING, MD 20901



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	FEE CTO	3 SEX	4 RA	CE	S. DATE OF BIRTH	YEAR 6	AGE (IN YEARS IF UNI		DER 24 HRS. 26	DATE	MONTH	DAY	YEAR 2d HOU
	NECESSARY, PLEASE UNERAL DIRECTOR. S FOR YOUR FILES. WITHIN 72 HOURS WESTON STREET,			ACK	9 3	51	36 YRS.	DAYS HOURS		DEAD	12		198/ a. A
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ā	MER: THIS CERTIFICATE SHOULD INTERPRETATE WORD, "PER FORWARDED TO THE CHIEF MORE VASED A PAGE 3 SHOULD BE USED A HE STATE DEPARTMENT OF HEAD IND, 21201 PR/OR TO BURIAL, CL	2	WHILE NO	WHILE X	Hou			25 Club Lal			own, Mont.		
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	SHOW HAND	1	SIGNATURE	/ V	000	10	00 1 1 X	Assista	MEDIC	AL EXAMINE	R SIGN	IED_12	2-14-87
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P		EXAMINER'S NAME	Mario	F. Golle	, Jr.	, M.D.	DDRESS11	ll Penn	St., E	Balto.,	Md.	21201
	TO ME EXECU PAGE TO FU AFTER BALTIV	230 BI	JRIAL, CREMATION.	REMOVAL 23	b. DATE	23c. NA	ME OF CEMETERY OF		23d LOC	ATION		UNITY	STATE
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25M	DHMH - 17	24. FU	INERAL DIRECTOR					25a. D.A	ATE REC'D. BY R	EGISTRAR 2	Julia Des	SIGNATU	RE
	(VR A15 ME (5))	W)	M. C. MA	RCH F	/H 1101	NORT	H AVENUE	Ut	U 18	1987	guila pro	V	



DHMH - 16 60M 7/84 (VRA 15, 4)

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DEPARTMENT	OF	HE.	ALT	H	AND	MENT	AL

DEPARTM	ENT OF	HEALTH	AND	MENTAL	HYGIENE
	CEDT	IEIC ATE	OF	DEATH	

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Male White Oct. 23, 1896 91 YRS NOTHIS BAY HOUSE 76. BIRTHPLACE (STATE OR FOREIGN OCUNIEY) NC U.S.A. WARRIED NEVER MARRIED DWORCED DWORCED DWORCED DWORCED DWORCED WIDOWED DWORCED DWORCED WORKING USE 176. USUAL OCCUPATION (ITHE OF WORKING USE) FENT WOOD HOUSE DESTATE SUAL RESIDENCE (F NURSING HOME OR OTHER INSTITUTION) WASH., DC 18. FATHER'S NAME FIRST JOHN F. COULTER LAST LAST LUCY PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (O) CARDIAG CONSEQUENCE OF CONGESTIVE HEARIES) DUE TO, OR AS A CONSEQUENCE OF (E) CONGESTIVE HEARIES TO, OR AS A CONSEQUENCE OF (C) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00	15pm
Male White Oct. 23, 1896 91 VRS. 10. CITY OR TOWN OF DEATH Bethesda II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, OWE STREET ADDRESS) Fernwood House SUBJ. RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, OWE STREET ADDRESS) III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, OWE STREET ADDRESS) III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, OWE STREET ADDRESS) III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, OWE STREET ADDRESS) III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, OWE STREET ADDRESS) III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, OWE STREET ADDRESS) III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, OWE STREET ADDRESS) III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, OWE STREET ADDRESS) III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, OWE STREET ADDRESS) III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IT NO OWER STREET ADDRESS / ZIP CODE	24 HRS MIN.
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Bethesda Second Hacker Fernwood House Comptroller Funeral Sual residence (if nursing home or other institution give residence steps admission) 13a STATE	MD.
136. STATE NA 136. COUNTY Wash., DC 136. INSIDE CITY LIMITS? YES NO 136. INSIDE CITY LIMITS? YES NO 136. STREET ADDRESS / ZIP CODE YES NO 15. MOTHER'S MAIDEN NAME FIRST JOHN E. Coulter Luey 15. MOTHER'S MAIDEN NAME FIRST Propst 166. WAS DECEASED EVER IN U.S. ARMED FORCES? 178. MO OR UNKNOWN) YES 187. MODIE LAST LUEY 198. MODIE LAST Propst 198. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost. Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	ss or lome
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Tes WW I 577-09-5936 Martha Engstler Daughte 2009 MP2089 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cradiac Arrest Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Color of the country of	D.d
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176 AUTOPS1 100 CONDITION FOR WHICH OPERATION WAS PERFORMED 100 CETTIFYING CAUSES OF DEA	
YES NO YES NO YES NO	_
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WHILE NOT WHILE [IAT HOME, STREET, PACTORY, OFFICE, PARM, ETC.)	TATE
AT WORK AT WORK	
27a.1 certify that (1) (this haspital) attended the deceased from 19 , 19 , to 19 , to 19 , that (1) saw, the deceased alive an 19 , ond that in (my) (aur) opinion death occurred on the date and hour and from the causes stopped. (I) (we) (did) (did not) view the bady after death.	
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12/29/8	
THE THYS CIAN'S NAME (TYPE OR PRINT)	15
Jen Wiseman 5410 Connecticut Ave., N.W. Washington	D.C.
236 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Columbia Gardens Cem. 23d LOCATION CITY OR TOWN Arlington, VA	

Page Burial, CREMATION, REMOVAL 123b. DATE 1/2/88 Columb: 24 FUNERAL DIRECTOR JOSEPH Gawler's Sons, Inc. 5130 WI Ave. NW Wash., DC 20016

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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FOR - STATE REGISTRAR TYPE OR PRINT

Ma. 70 BIRTHPLACE Wash. D 10 CITY OR TOWN S.S.

USUAL RESIDENCE 130. STATE Md. 4. FATHER'S NAME M. FIRST 160 WAS DECEASE LYENT AR UNKNO

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IMPORTANT

CERTIFICATION

MEDICAL

21d INJURY OCCURRED

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EIRST - Y I C	D	uiddie ucc	Cov	ing toh	12 19-87 2:1:				
	Black	K	5. DATE C		AGE (IN YEARS LAST EIGHINDAY) IF UNDER 1 YEAR IE UNDER 24 HR MONTHS DATS HOURS MIN				
.C.	76. CITIZEN OF WHAT COUNTRY? 8 MA			D NEVER MARRIED X	9 BALTIMORE CITY <u>OR</u> COUNTY OF DEATH Montgomery				
of DEATH 11. NAME OF HOSPITAL, NURSING 1508 RAINDOW DES			G HOME C DDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE S WORK FOR MOST OF WORKING LIFE) INDUSTRY				
(IF NURSING HOME OR 13b COUN MO		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13 STREET ADDRESS	S ZIP CODE IV	re20%	04	
Stan1	ey (Covington	M	Laura Laura	ME MIDDLE	Wa	allace		
DEVER IN U.S. AR.	MED FORCES? E WAR OR DATES)	212 68 72							
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MAC INIDEBUNDIC F	TIME O	C INTUINA		21. HOW BILLIAN OCCUPA	ED.				

18 CAUSEO PART I. DE Conditions, couse (o) underlying PART 2 OTH 190 DATE OF HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIEY MEDICAL EXAMINER) P.M

211 LOCATION

NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view he body ofter death. DEGREE MD ATTENDING MEDICAL PHYSICIAN 22e ADDRESS Georgia Ave. S. S. Md. Dr. Lawrence Cohen 10313 230. BURIAL, CREMATION, REMOVAL 236. DATE 231 NAME OF CEMETERY OR CREMATORY CITY OR TOWN Buria1 12/22/87 Gate of Heaven S.S.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

After this certificate has been

FUNERAL DIRECTOR:

rould be detached for use as the buriol-tronsit permit. I ith the State Dept. of Health and Mental Hygiene prior

24 FUNERAL DIRECTOR Hines Rinaldi 11800 New Hamp Ave. S. S. Md.

21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

Mont 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
DEC 22. 1087

CITY OR TOWN

COUNTY

STATE

Md.

deline to begin and the

death. Page 4 may be DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 depth TO HOSPITAL OR ATTENDING PHYSICIAN The low

STATE OF MARYLAND

						STAT	E OF MARYLAND					
01/08/9	1.1	FOR STATE			DEPA		EALTH AND MENTAL H	'GIENE				
() / 401/	-1 0	REGISTRAR				CERTIF	ICATE OF DEATH	- 8	FG. NO.	6	2 1	
		ECEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DE	EATH MONTH	DAY YEAR	26. HOUR	
o e c t	(1)	PE OR PRINT)	CHAR	TEC	D	~	ratest t	DEVIEWI	משכ	1007	0 26	
poge deor	3 S	FX		4 RACE	В.	5. DATE C	WELL DE BIRTH	6. AGE IN YEAR		1987 IF UNDER 1 YEAR	9:26pm	
ofte.	, ,		-			MONTH	DAY YEAR			MONTHS DAYS	HOURS MIN.	
oge ours	200	MALE		WHITE		APR	. 3, 1903	84	YRS			
4 20 %	10	BIRTHPLACE (STATE OR COUNTRY)	FOREIGN	16. CITIZEN OF	WHAT COUNTR	MARRIE	D NEVER MARRIED					
death death	2 /	NEW YORK		U.S		WIDOWE		Montgo			MD	
e we fe	10	CITY OR TOWN OF DE	ATH		HOSPITAL, NUR		ROTHER INSTITUTION	12a. USUAL OC	CUPATION OR MOST OF WORKING		OF BUSINESS OR	
S of	/ 0.	Lney			ery Gene		spital	TEACH		EDUCA		
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be fill exoniner must be n	US	JAL RESIDENCE (IF NUR	SING HOME OR	OTHER INSTITUTION	N. GIVE RESIDENCE BE	FORE ADMISSION)		1				
24 h	130	STATE	13b COUN	OMERY	SPENCE!		13d. INSIDE CITY LIMITS?		SPENCER		RD. 2090	
LAP sho	14	Md .	IMONT	JONERI	19 LEMCET	VA TTITE	15 MOTHER'S MAIDEN N		SPENCER	A TITITA I	RD. 2090	
ARY	-	FIRST		AIDDLE	LAST		FIRST	Α	AIDDLE	LA	st	
	1		UNKNOW		Tun			UNKNOW	1DDDDC00			
MORE secu	100	WAS DECEASED EVER (YES, NO OR UNKNOWN)		WAR OR DATES	16b SOCIAL SE	-	17 INFORMANT		50	630 FISH	ERS LA.	
TIME		NO			028-01-	-6909	ANNISE CHA	PMAN-STEV	VART R	OCKVILLE	E.Md. 2085	
BALTIMORE.		18 CAUSE OF DEA	TH (Enter an	y one cause pe	er line far (a), (b),	ond ic	-			APPRO. BETWEEN	XIMATE INTERVAL	
* # # & Q &		PART I. DEATH V		D BY: E CAUSE (a)		MA	conone	1		5	43	
N cer cer ding ding street				-	DAGA CONSE	OHENCE OF	1		1 .)	
STO se co on, o		Conditions, if ony	which	(DR AS A CONSE	DIENCE	tre Sins hus	minuco	more	10	4 mg	
PRESTON ST. he death certif he ottending in motion, or rem		gave rise to im	mediote	(D)	Mary VIII	- 1700	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1			1	
W. I		couse (o), stoti underlying cause		DUE TO, C	OR AS A CONSE	DUENCE OF		· ·		1000		
s the	70			(c)_								
S, 20 sign sen p buy,	z	PART 2. OTHER SIG	NIFICANTO	ONDITIONS C	ONTRIBUTING	O DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE C	OR CONDITION G	GIVEN IN PART 1	a	
DIVISION OF VITAL RECORDS, NG PHYSICIAN The low requir offending physicion. Witer this certificate loss been signs of the burnol-transit permit. Then th and Mental Hygiene prior to be or deed or them 18 shows any injury	CERTIFICATION		71011					144 447000	Lan. IF N	CC MERCENIA	1000	
S be son s on s on	7 5	19a DATE OF OPERA	TION	196. CON	DITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPS		ES, WERE FIND		
The The cion.	X									YES 🗌	NO [
VIT Nysicot Hysicot Hy		OR CONTRIBUTING	h-m-	1100110 1	OF INJURY	DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATUR	E OF INJURY IN ITEM TI	8 PART I OR PART ?}		
OF ICIA	S S	(IF EITHER NOTIFY MED			P.M.	19	DATE OF THE REAL PROPERTY.					
HYS ndin di bur	MEDICAL	21d. INJURY OCCUR	RED		OF INJURY		211 LOCATION		ITY OR TOWN	COUNTY	STATE	
VIS G P onte ont ont ked	2	MHILE NOT W	HILE DRK	(A) HOME, S	TREET, FACTORY OFFI	CE, PARM EIC)	1	0 0	- \ \ .		-	
A P P P P P P P P P P P P P P P P P P P		22a.1 certify that (-	al) attended	he deceased fro	m	19/	5 10 2	200	1961	that (I) (we) lost	
TEN POOR	-	saw the decea	sed alive an	121	20 19	73.00	nd that in (my) (our) opinio	on death occurred o	on the date and h	our and from the	causes stated	
AT A		abave (I) (Ne)	did did not	view the bod	y after deoth.		DEGREE			122c DATI	ESIGNED	
Dog H		214 SIGNATORE		62)			MEDICAL DIRECTOR [STAFF	12	22/07	
by tall by tall ERAL edet edet Store		-	re	09-		m		DIRECTOR	PHYSICIAN [1/2	1001	
HOSPIT ned by FUNER JId be of the Str		22d PHYSICIAN'S	AME TYPE OF	PRINT	~		22e. ADDRESS 400	200 lne	y Lay	Horesui 4	10 120,	
TO HOSPITAI efoined by it TO FUNERAL should be de with the Stott		Lewis	Kell	erla	(4)		Olnes	mil, Ze	832			
D = ± # 3 ₹.	230	BURIAL, CREMATION	, REMOVAL	23b. DATE	2	3c. NAME OF C	EMETERY OR CREMATOR	23d LOCATIO				
BP		CREMATIC	M	12-26	1987	CHAMBE	RS CREMATOR		ERDALE,	P.G.C	. Md.	
	24.	FUNERAL DIRECTOR		V	-/-			ATE REC'D. BY REG				

DHMH - 16 60M 7/84

CHAMBERS CO. INC. (VRA 15, 4)

SILVER SPRING, Md. 20010 3 0 1987

100 mil

3

pali

plea

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Cox

433	-7
0	RECT NO.

,	1	- 4	
1	0	1	
_	14	- 2	

BS STATE REGISTRAR DECEASED NAME LIYPE OR PRINTS

ALABAMA

130 STATE

3 SEX

LAST

5. DATE OF BIRTH

WIDOWED

20 DATE OF DEATH MONTH DAY YEAR 12 29 87 AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR 82

FEMALE CAUCASIAN To BIRTHPLACE ISTATE OR FOREIGN

136 COUNTY

1905 APRIL 76 CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED USA

9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery

12b. KIND OF BUSINESS OR

INDUSTRY

ID CITY OR TOWN OF DEATH

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Montgomery General Hospital 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKER

3409 SUNDOWN FARMS WAY

MARYLAND 4 FATHER'S NAME

01ney

FIRST

HENRY

MONTGOMERY MIDDIE

ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

IMMEDIATE CAUSE (a).

Blanch.

4 RACE

AYERS

13c CITY OR TOWN

OLNEY

MARY 17 INFORMANT

13d. INSIDE CITY LIMITS?

NO 15. MOTHER'S MAIDEN NAME

> AGNES ADDRESS

MIDDLE

GILL

20832

160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN)

LIF YES, GIVE WAR OR DATEST

66 SOCIAL SECURITY NO. 579-28-4298

Asystolic

1 - rdiec

myurordiol

JOHN W. COX, SR./HUSBAND/SAME AS 13

Conditions, if ony, which gave rise to immediate couse (a), stating the

underlying couse lost

190 DATE OF OPERATION

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

WHILE NOT WHILE

PART I. DEATH WAS CAUSED BY:

DUE TO, OR AS A CONSEQUENCE OF Aruto DUE TO, OR AS A CONSEQUENCE OF Elchemic

Alleit

works

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

12 min.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 " Fibraling

Alveolitie 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

Seplis 20m AUTOPSY?

NO

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T

CATI MEDICAL

710 ACCIDENT WAS UNDERLYING

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

71e PLACE OF INJURY

Der . 28

DEC 31,1987

FRANCIS J. COLLINS, JR.

500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

Dec. 12.

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2)

ENFOICTION

Rd.

COUNTY STATE

22a I certify that (1) (this hospital) attended the deceased from_ sow the deceased alive on Dec . 28 , above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE

DEGREE MO ATTENDING

211 LOCATION

MEDICAL PHYSICIAN PHYSICIAN

STAFF 22e. ADDRESS , 6 2 20 F1-d-r, CH

CITY OF TOWN

0-1. 29

, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c DATE SIGNED 12.29.87

4213

20277

22d PHYSICIAN'S NAME (TYPE OR PRINT)

BURIAL

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

24 FUNERAL DIRECTOR

Mayo Frank J.

236. DATE

Githersburg. 23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

FORT LINCOLN CEMETERY BRENTWOOD PRINCE GEORGES MD 250 DAJE PAC'D. BY 980 RAR 256 REGISTRAR'S SIGNATURE

BP

(VRA 15. 4)

DHMH - 16 60M 7/84

MPORTANT:

the S

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.	3	6		2	9
20. DATE OF DEATH MONTH	DAY	YEAR	T	2b HOUR	
DECEMBER 30,	, 19	987		1:15	D/
6 AGE IN YEARS LAST BIRTHDAY	IF U	NDER I YEA	R	IF UNDER 2	4 HRS
25	MON	HS DAY		HOURS	MIN.

Electro-Plating

	REGISTRAR				4-11-1		REG. NO	D. 14	1 4	of the of		
	CEASED NAME	FIRST		MIDDLE	l.	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR		
11111	OR PRINTS	DAVID	A	LAN	CRA	AWFORD	DECEMBER	30,	1987	1:15 p		
3. SE	X	1111111	4 RACE		5. DATE C		6 AGE IN YEARS LAST BIR	HDAY)	IF UNDER TYEAR			
N	IALE		WHITE		SEPTI	EMBER 7, 1962	25	YRS.	MONTHS DAYS	HOURS MIN.		
	RTHPLACE STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D X NEVER MARRIED	9. BALTIMORE CITY O	R COUNT	Y OF DEATH			
	ENNESSEE		/ 1	ISA	WIDOWE		MONTGOMERY	COUN	TV			
0 C	ITY OR TOWN OF I	DEATH				OR OTHER INSTITUTION	12a USUAL OCCUPATE			OF BUSINESS OF		
F	BETHESDA			HE CLINICA		TTED	TYPE OF WORK FOR MOST O					
_	AL RESIDENCE (# N	JURSING HOME OR		GIVE RESIDENCE BEFORE		NIEK	Electronic	Tech.	. Electi	ro-Plati		
13a. S	STATE	13F CON	ITY	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			19999		
_	ENNESSEE	David	son	NASHVILLE		YES NO	831 GLASTO	NBURY	ROAD	37217/		
AFA	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE		LAS			
)	JOHN	Wa	vne_	CRAWFO	RD	ANN	C.			LLERS		
	VAS DECEASED EV	ER IN U.S. AR.	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS	- 10-11-1	O INDICATED		
	res, no or unknown) CES		= WAR OR DATES) = 1985	244-25-5	822	MRS. NANCY CR	AWFORD (WIF	E) SA	ME AS I	DECEASED		
	18 CAUSE OF DE	ATH (Enter on	ly one couse per	line for to), (b), and	d (cs.)				APPROX BETWEEN	ONSET AND DEATH		
	PART I. DEATH	I WAS CAUSE	E CAUSE ID	METASTATIO	C MEL	ANOMA				YEAR		
	Conditions, if o	ny which	1	DUE TO, OR AS A CONSEQUENCE OF								
	gove rise to	immediate)									
	underlying co		DUE TO, O	R AS A CONSEQUE	NCE OF							
	DADE O OTHER S	IO. UEIO. LUZ.	(c)									
Z	PART 2 OTHER 5	IGNIFICANT	ONDITIONS CC	DNIRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONE)ITION GIV	VEN IN PART 1	0		
CERTIFICATION	18- DATE OF OPE	PATIONI	TIAL CONDI	TION COR WILLICH	OBEDATIO	NI WAS DEDS OF WEE	Ten autonova	India to turn	C tyrene and			
FIC	THE DATE OF OFE	OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WER										
ET							YES X NO		ES 🔀	NO 🗌		
	210. ACCIDENT WAS		HOUR A.	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)			
CAL	(IF EITHER NOTIFY M	_			19							
MEDICAL	21d INJURY OCC	URRED	21e PLACE		- 1	21f LOCATION	CITY OR TO		COUNTY			
×	WHILE AT WORK AT	WHILE	(AT HOME STR	EET, FACTORY, OFFICE, FA	ARM, ETC)	SIKEET	CITY OR TO	AM	COUNTY	STATE		
	220.1 certify that	(K (this hospit	ol) ottended the	e deceased from N	OVEMB	ER 13 1987	, toDECEMBER	30	1987	that # (we) lost		
	sow the dece	osed plive on	DECEMBE I	R 30 19 8		d that in (MM (our) apinion d	leath occurred on the do	ite and hou				
	226. SIGNATURA	1	0	1.	I	DEGREE			22c. DATE			
	1	oten	1.	Mer	M.	ATTENDING PHYSICIAN	MEDICAL STAF	IAN A	12/3	31/87		
	22d. PHYSICIAN/S	NAME (TYPE OF		444		22e ADDRESSNATION			HEALTH	1, 9000		
	0	John	P. Wei	, MU.		ROCKVILLE PI	KE, BETHESI	A. MA	ARYLAND	20892		

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

HEALTH, 9000 ROCKVILLE PIKE, BETHESDA, MARYLAND 20892 23d LOCATION

Burial

Jan.2,1988

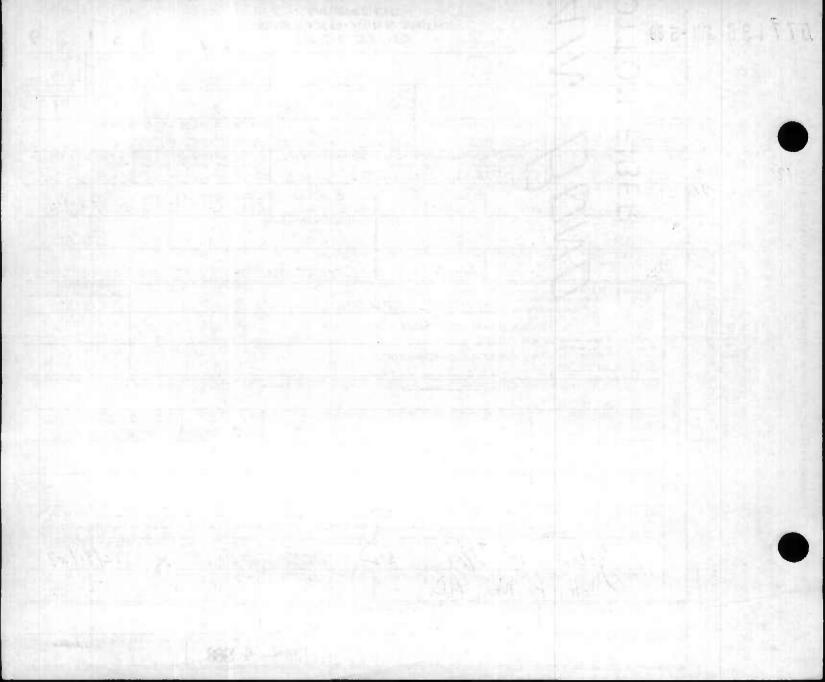
23c NAME OF CEMETERY OR CREMATORY Woodlawn Memorial Park Nashville

Tennessee

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT

15a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURS 24 FUNERAL DIRECTOR ROBERT A. Pumphrey Funeral Home-Bethesda-Chevy Chase, Inc. 7557 Wisconsin Ave., Rethesda, Maryland



PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED Dec. 5, 1987 22d. PHYSICIAN'S NAME (TYPE ORPRIN' 22e ADDRESS David V. Young, M.D. 4530 Conn. Ave. N.W. Washington, D.C. 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE STATE Silver Springs Md. Gate of Heaven Cem. BURIAL Dec.7,1987 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DeVol Funeral Homepess 2222 Wisc. Ave. Washington D.C.

STATE OF MARYLAND

2b HOUR

12b. KIND OF BUSINESS OR

Blair House

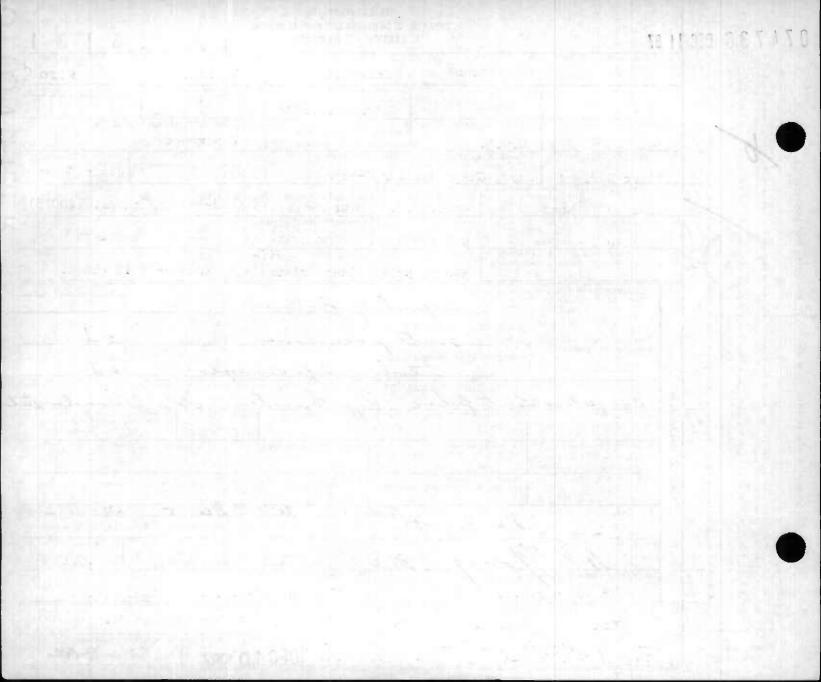
IF UNDER I YEAR

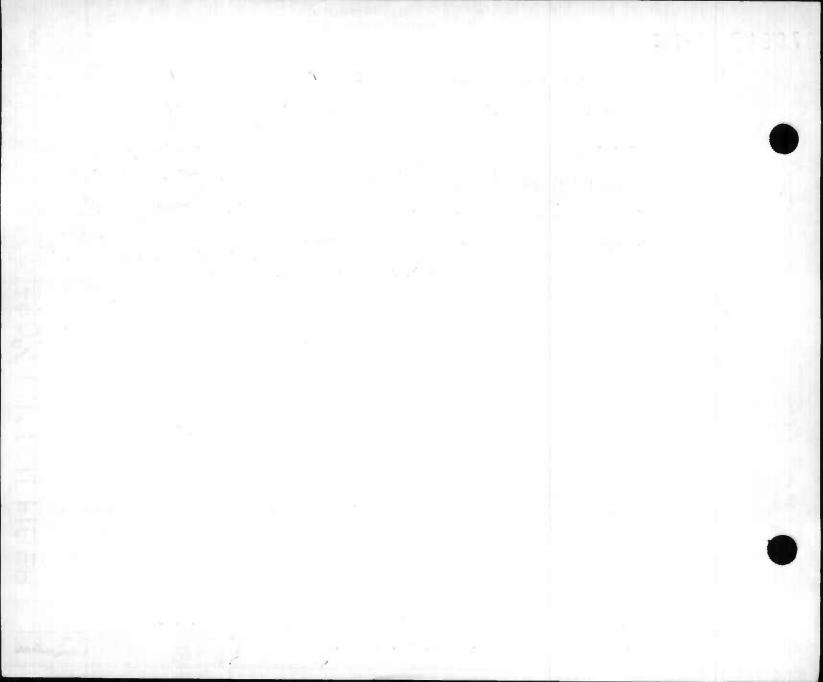
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5:20

IF UNDER 24 HRS

DHMH - 16 60M 7/B4 (VRA 15, 4)





STATE OF MARYLAND
DED A DEMENT OF HEALTH AND MEN

1	FOR			DEP	ARTMENT OF H	EALTH AND MENTAL HYG	IENE			
1	STATE REGISTRAR				CERTIF	ICATE OF DEATH	3 REG. 1	10.	0	3 3
	CEASED NAME	FIR5T		WIDDLE		AST	20 DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR
line	WIIB	UR	E	CUN	NINGT	am'	10-	11-7	61	110AM
3. SE	(4.	RACE		S. DATE O		6 AGE (IN YEARS LAST B			IF UNDER 24 HRS
	Male		Caucas	sian	Marc	ch 14, 1916	71	YRS	ONTHS DATS	HOURS MIN.
	RTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	Maryland		United	State			Mon	taco	neru	Co., MD.
10 5	TY OR TOWN OF DEA	TH 2 1				OR OTHER INSTITUTION	120 USUAL OCCUPA		12h. KIND ₂ OF	BUSINESS OR
	settlesd	G	SCH	HEACILITY, DIVE	in Po	sprint	Salesman	OF WORKING LIFE		Store
USU	AL RESIDENCE (IF NURS	ING HOME OF O		GIVE RESIDENCE		13d INSIDE CITY LIMITS?	13e, STREET ADDRESS	2	0817	
	rvland		gomery	Bethe		YES NO X	7420 West		errace	‡102
	THER'S NAME		DDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		TAST	
	Floyd	M	DDLE	Cunnir		Josephine			Alexar	nder
	VAS DECE ASED EVER				SECURITY NO.	17 INFORMANT	ADDI	RESS		
(Yes No or unknown)	(# YES, GIVE V		578-0	9-2166	Rose L. Cun	ningham	Same a	as #13	-
	18. CAUSE OF DEAT					NODE DE CALL			APPROXIM BETWEEN ON	ATE INTER.
	PART I. DEATH W	AS CAUSED	BY:			nDIAC DYA	2574			
		IMMEDIATE								
	Conditions if any	. Arak	DUE TO, O	GATA	EQUENCE OF	R PIBRILL	MITTA			
	Canditians, if any, gave rise to imm	nediate	(b)_L	7 7 1 1 7 1	1000000	7770.				
	cause (a), statin underlying cause		DUE TO, O	RASIACONS	EQUENCE OF	1 Antani	DISTAST	1		
	DARK O CHARRES	UFICANITOO	(c)	ON TOUR LINE	TO DEATH BUT	NOT RELATED TO THE TERM			CALIBLE ART 1.	
Z	PART 2 OTHER SIGN	NIFICANT CC	INDITIONS <u>CC</u>	DNIKIBUTING	2 TO DEATH BUT	NOT KELATED TO THE TERM	INAL DISEASE OR COI	ADITION GIVE	EN IN PAKI 110	
CERTIFICATION	19a DATE OF OPERAT	ION	19h COND	TION FOR W	HICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES	, WERE FINDING	GS LISED.
FIC.	THE DATE OF OVERA		1,0. 00.10		THE TOTAL THE TO	THE TENTON THE DESCRIPTION OF THE PERSON OF	YES TO NOT	IN CERTIFY	YING CAUSES C	
ERT	21a, ACCIDENT WAS UND	DERLYING	21b TIME O	F INJURY		21c. HOW INJURY OCCURE				NO []
	OR CONTRIBUTING		HOUR A.	M. MONTH	DAY YEAR		(Eltier Information			
MEDICAL	21d. INJURY OCCURE		P.	M.	19	211, LOCATION				
MEC	WHILE NOT WH				FFICE, FARM, ETC.)	STREET	CITY OR I	OWN	COUNTY	STATE
	AT WORK AT WO	RK			1.0	118	1/1	,	- 67	
	220. certify that (1) saw the decease		1) attended th	e deceased to	1 7	/ U , 19 3	dooth servered so the			hat (I) (we) last
	abave, (1) (we) (a	did) (did nat)	view the body	after death.		nd that in (my) (our) opinion (death occurred an the	date and naur		
	22b. SIGNATURE	21.	14	M		DEGREE ATTENDING	MEDICAL ST	AFF	229 DATES	IGNED
	(//wh		mo te	n			MEDICAL ST. DIRECTOR PHYS	ICIAN	11/4	100
	220. 1111010101111	AME STYPE OR F	19/W/	2 INC)	11125 R	vele will	2 81.	he &	rehall/ke
	BURIAL, CREMATION,	REMOVAL	236. DATE	Dec.	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
	Burial		15,		Gate of	Heaven Cem.	Silver	Spring		yland

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then preser with the State Dept. of Health and Mental Hygiene prior to burial; an

IMPORTANT: If Item 21 is marked on Item 18 shows

TO HOSPITAL OR ATTENDING PHYSICIAN: The la

retained by the haspital ar attending physician

BP.

parties filled in by the funeral director, page 3 CD

DEC

injury, or other traumotic

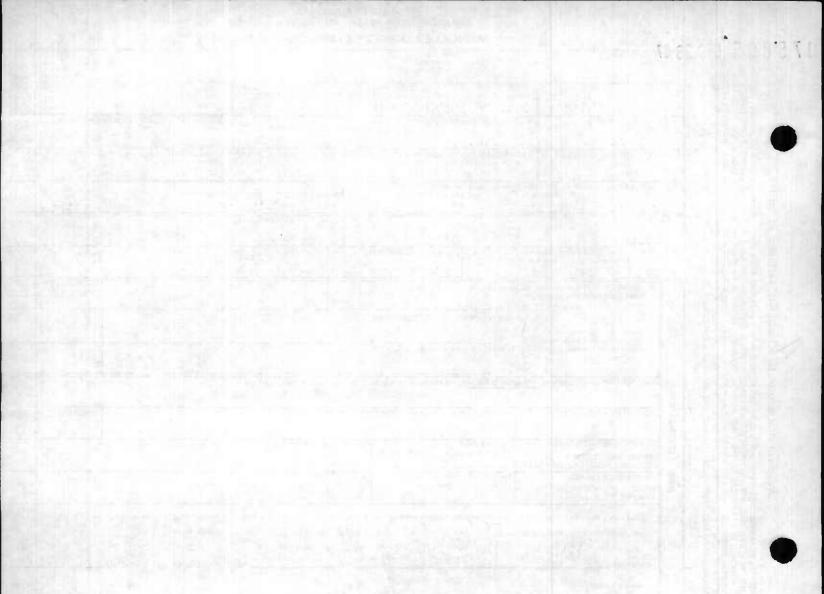
15, Gate of Heaven Cem. Burial Homeral Director Robert A. Pumphrey Funeral Home/Bethesda-Chevy Chase, Inc. 4097557 Wisconsin Ave. Bethesda, Maryland 20814

Maryland

250. DATE PECID. BY REGISTRAR 250. REGISTRAR'S SIGNATURE Dindon Ruhas

Oct 15 987 fin literathers

STATE OF MARYLAND



STATE OF MARYLAND

26 HOUR

Edmonds

COUNTY

221 DATE SIGNED

Dec. 12, 1987

McLean, VA

Tmmed.

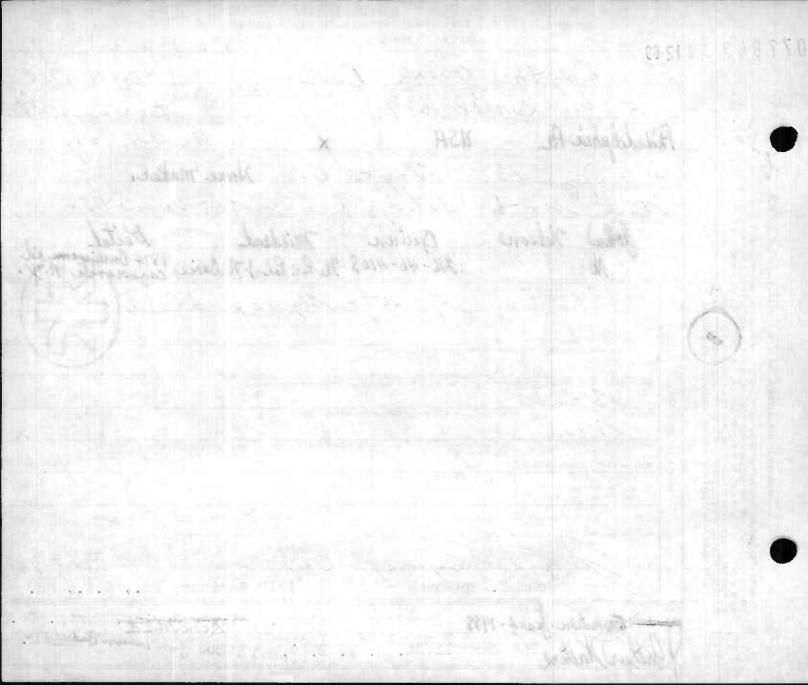
STATE

Film G635 item 17, 1/26/88 rja

Burial Arlington. 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. DHMH - 16 60M 7/84 5130 WI Ave. NW Wash., DC 20016 (VRA 15, 4)

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Molecu, VA	enlowii.	d vilei	527-50-1855		OST
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO AECU SED NAME 2ª DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED 4. RACE 3. SEX 6. AGE IN YEARS IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED DEAD MARRIED NEVER MARRIED DIVORCED WIDOWED X CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME. 126 KIND OF BUSINESS 130 STATE 134 INSIDE CITY LIMITS? YER IN U.S. ARMED FORCESS DEPTHOLOGICAL I I PITES GIVE WAR OF DATES 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO PAGE 3 SHOULD BE LESTATE DEPARTMENT OF 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED THE PLACE OF INJURY LATHOME 21f LOCATION STREET, FACTORY, FARM ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PLATER DEATH, WITH THE STROME, MARYLAND 2 22a I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted from: Natural causes Accident. Homicide ____ Undetermined manner Suicide TITLE (SPECIFY) ACTUAL SIGNATUR John S. Rogers EXAMINER'S NAME 1919 Seminary Rd., S.S., Md. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY DIEBURIAL CREMATION REMOVAL THE DATE Cemetery. 07/84 BP 25M DHMH - 17 (VR A15 ME (5))



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TO FUNERAL DIRECTOR: After this certificate has been

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TO HOSPITAL

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FOR STATE REGISTRAR		STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	8 FG. NO. 3	6 1 3 7
TYPE OR PRINT) MARE	NA	DAVIS	12-22-87	26 HOUR 8:30 F
FEMALE	whitz	5. DATE OF BIRTH MONTH DAY 10 16 90	A. MOE THE COMMON AND	IF UNDER 1 YEAR IF UNDER 24 HRS
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	MUNTGOMER	//
CITY OR TOWN OF DEATH SIVER SPLING-	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS O INDUSTRY Artist
SUAL RESIDENCE (IF MURSING HOME OR 136. STATE 136. COUN			130. STREET ADDRESS CARR	0853d.
. FATHER'S NAME	MIDDLE LAST	77 MART	MIDDLE	PAKE
(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES	64,66 Martha Ap	el (Daughter)S	ame as 13E
18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED	ly one couse per line (to), (b), and BY: E CAUSE (a)		184	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF	enoul	

DUE TO, OR AS A CONSEQUENCE OF CCUSIVE W TO Tal gove rise to immediate (a), stating the underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [NO YES [

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL HE EITHER, NOTHEY MEDICAL EXAMINER

22a.1 certify that

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE

his hospital) attended the deceased from

21f LOCATION CITY OR TOWN

COUNTY STATE

sow the decease give on obove. (1) we (dip) did not) view the body ofter deat 226. SIGNATURE

PHYSICIAN 2 MEDICAL STAFF
DIRECTOR PHYSICIAN

(my) our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

22d PHYSICIAN'S NAME BENNE MD 22e ADDRESS SINVER

VV65E

230 BURIAL CREMATION, REMOVAL 12/30/87

13c NAME OF CEMETERY OR CREMATORY Straits Cemetery

DEGREE

23d LOCATION
SCTPAINTS Northwo Carolina

New Hamp. Ave. S. S. 250 DATE REC'D. BY REGISTRAR 250 Md. 11800 24 FUHERA DESCIPRINALdi Julia Dorderso Can Md.

DHMH - 16 50M 4/B2 (VRA 15, 4)

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FOR

STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH

91	ENE REG. NO. 3	6 1 3 8
1	20 DATE OF DEATH MONTH DAY	YEAR 26. HOUR
J	VECEMBER ?	2 1767 9 AM
	6 AGE (IN YEARS LAST BIRTHDAY) IF I	UNDER TYEAR IF UNDER 24 HRS
1	9. BALTIMORE CITY OR COUNTY OF	FDEATH
	Montgomery Cour	, IND.
	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Laborer	126. KIND OF BUSINESS OR INDUSTRY Harvey Dairy
	13 STREET ADDRESS / ZIP CODE 5900 33rd Avenue	e 20782
^	AE R.	Asbury
y	ADDRES 900 33 (Step Daughter)	
	FAILURE	A HOURS
	DISEASE	IYEAR
E	= PUMOVARY DISEA	SE ZYEARS
۱۸	NAL DISEASE OR CONDITION GIVEN	IN PART 1:0

I. DECEASED NAME MIDDLE (TYPE OR PRINT) McDoanald Davis Lee S. DATE OF BIRTH 3 SEX 4. RACE 30 Caucasian 7a. BIRTHPLACE TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia U.S.A. WIDOWED IO. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION Prince George's W. Hyattswillex No Maryland MIDDLE Davis Elijah Olivia 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT 213-01-5315 Erva L. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse CIARCHIC. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 70n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (thus hospital) attended the deceased from . IN NUA sow the deceased alive on CTO ATA 28 obove, (1) (wet) (did) (did not) view the body after death. (pur) apinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED

Fort Lincoln Cemetery Brentwood

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12/04/87

4739 Baltimore Avenue Hyattsville, Md. 20781

Francis Gasch's Sons Funeral Home, P.A.

Burial

DHMH - 16 60M 7/84

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IMOR	Poge	NÓ	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	577-62-2	867	ABIGAI	L H. S	EEHOLD/D	AUGHTER	/SAME AS	3 13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA	TENDING PHYSICIAN: The low requires that the death certification of attending physician. TOR: After this certificate has been signed by the attending physician or use as the buriol-transit permit. Then please remove corbanapapist Health and Mental Hygiene prior to buriol, cremation, or removal is marked or them 18 shows any injury, or other traumatic event, 13 is marked or them 18 shows any injury, or other traumatic event, 10 is marked or them 18 shows any injury, or other traumatic event, 10 is marked or them 18 shows any injury, or other traumatic event, 10 is marked or them 18 shows any injury, or other traumatic event, 10 is marked or them 18 shows any injury, or other traumatic event, 10 is marked or them 18 shows any injury, or other traumatic event, 10 is marked or them 18 shows any injury, or other traumatic event, 10 is marked or them 10 is marked	MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm cause to, stofin underlying couse PART OTHER SIGN 190 DATE OF OPERAT 21a, ACCIDENT WAS UND OR CONTRIBUTING CIFETHER, NOTIFY MEDIC (IF ETHER, NOTIFY MEDIC WHILE WHILE WHILE WHILE AT WORK 22a I certify that (1) sow the decrose	Which lediote go the lost. INCANT COMMENTED TO THE COMMENT CO	DBY: E CAUSE (a) DUE TO, C (b) DUE TO, C (c) ONDITIONS C TH 21b. TIME C HOUR A P 21e. PLACE (AT HOME, ST	R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO DE ONTRIBUTING TO DE	NCE OF EATH BUT OPERATION Y YEAR 19 RM, ETC.)	NOT RELATED (E) N WAS PERFOR 21c HOW INJ 211 LOCATIO STREET	TO THE TERMI	206 AUTOPSY	20b IF Y IN CER FINJURY IN 11EM 1 OR TOWN	GIVEN IN PART 1: YES, WERE FINDI TIFYING CAUSES YES B PART OR PART 2) COUNTY 19	NGS USED SOF DEATH? NO STATE
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DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

CREMATION DEC 27,1987

234 NAME OF CEMETERY OR CREMATORY 234 LOCATION CITY OR TOWN 23¢ NAME OF CEMETERY OR CREMATORY

INLE GEORGE STREET

VIRGINIA

24 FUNERAL DIRECTOR FRANCIS J. COLLINS, JR. 500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

DHMH - 16 60M 7/8

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL BYGIENE

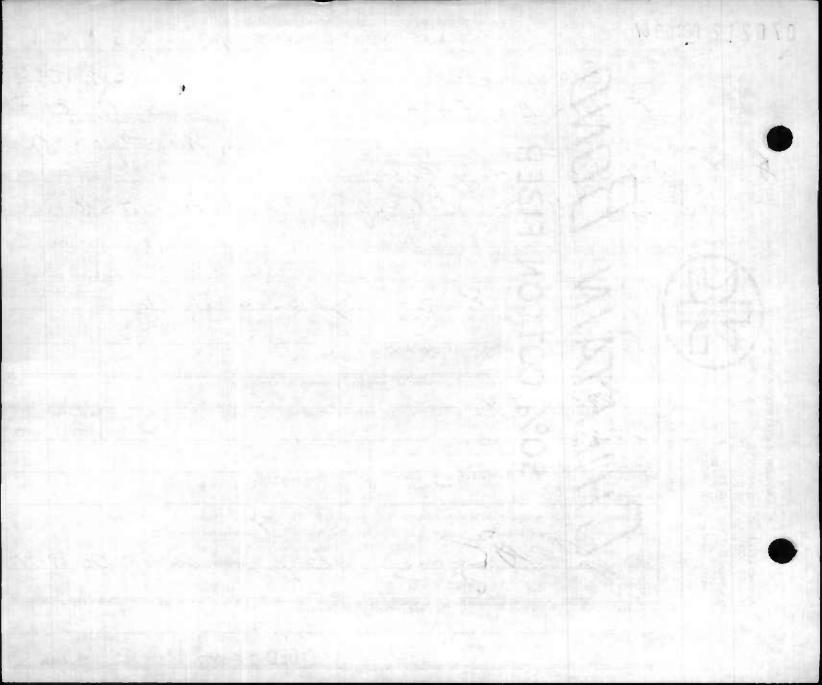
g DEC 1.	34	STATE REGISTRAR	DEF AR	CERTIFICATE OF DEATH	8 REG. NO	36140
m c	I. DE	CFASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
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	3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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of H of H		saw the dereased arive on alpower (1) (New (did) (and no	yew the Vady litter death.	and that in (my) (our) opin	ian death occurred on the do	ote and hour and from the couses stated
ched ched ched ched hept.		22h SIGNATURE	111.	DEGREE		22c. DATE SIGNED
deto deto ote l vT. H		KVUI U	XIXIU	M MO ATTENDING	MEDICAL STAF	
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± 4 3 ₹	23a. E	SURIAL CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATO	RY 234 LOCATION	COUNTY - LATE
			12/12/8/ F	Riverdale Bapt. Ch	. Cem Upper	Marlboro P.G. Md
H - 16 60M 7/84		INERAL DIRECTOR Lee	Funeral Home, I	nc 250.		25b. REGISTRAR'S SIGNATURE
(VRA 15, 4) 663	3 (Old Alexander F	erryRd Clinton,	Md 20735	JEU 16 1987	your wilden myandale

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 076212 DEC128787 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED 1.5EX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2c DATE 1 DAY MONTH YEAR LAST BIRTHDAY PRONOUNCED DEAD CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY PENNSYLVANIA WIDOWED R mer USA DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17h KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! MUSIC TEACHER D.C. PUBLIC RESIDENCE BEFORE ADMISSIONS SCHOOLS 3a STATE 13d INSIDE CITY LIMITS? 20906 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST ALIDDIE ALLEN HAZEL COBB JAMES MASON 17 INFORMANT ADDRESS 2030 EVARTS ST. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. SON LYES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 567-22-2108 WASHINGTON, DC 20018 NO GREGORY DEAN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) HIEF MEDICAL EXAMINER ALONG WOED AS A BURIAL TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, DIRAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 AGE 3 SHOULD BE USED A AGE 3 SHOULD BE USED A ATE DEPARTMENT OF HEA 21201 PRIOR TO BERIAL, C 19g DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE PAGE STATED 22a I certify that I took charge of the remains described above, held an Inspection Autopsy and in my apinian death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) SIGNATURE MEDICAL EXAMINER

PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 JOHN S. ROGERS EXAMIMER'S NAME ŠEMINARY ROAD SILVER SPRING, MD TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b, DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 20,1987 METROPOLITAN CREMATORY ALEXANDRIA VIRGINIA BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FRANCIS J. COLLINS, JR. **DHMH - 17** (VR A15 ME (5)) 500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

07/84 25M



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR EASED NAME Richard 20 DATE KNOWN 28 87 Dean OF ESTI-S FOR YOUR FILES. WITHIN 72 HOURS. 3. SEX 4. RACE DATE OF BIRTH AGE (IN YEARS I IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Washington, DC COUNTR OR COUNTY OF DEATH NEVER MARRIED USA DIVORCED SETAIN PAGE 5 OULD BE FILED, V ome O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION KIND OF BU 120 USUAL OCCUPATION Postal Service Retired AND 3 TO BETAIN FOULD BE USUAL RESIDENCE INTING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS Batson 20868 130. STATE 13e. STREET ADDRES 13d INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME G WITH FORM PM 3 WITH FORM PM 3 WIT PAGES I PMD 2 IE, DIVISION OF VITA MIDDLE LAST MIDDLE LAST Alfred R. Dean Bertha Trammel1 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) yes Korean 217-28-1914 Dean - wife - (same as 13e Frances 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPRAYING PHEALTH AND MENTAL HYGIENE, D. BALTIMORE, MARYLAND, 21201 PRIOR TO BURJAH, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO DV 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY 211 LOCATION AT WORK AT MOT WHILE STREET, FACTORY, FARM, ETC.I STREET CITY OR TOWN COUNT STATE 220 I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian Natural causes death resulted fram: Accident Hamicide Suicide Undetermined manner TITLE (SPECIFY) DATE / 26/2 /7 ACTUAL John S. Rogers, DME EXAMINET'S NAME 1919 Seminary Rd., S.S. Md. TYPE EXPRINT ADDRESS Union Cemetery OR CREMATORY Burtonsville Montgomery 07/B4 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 11800 N.H. Ave., Hines/Rinaldi Funeral Mome **DHMH - 17** (VR A15 ME (5)) Sil. Spr. Md.

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STATE OF MARYLAND

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11/	10. €	THE OR TOWN OF DEA				R OTHER INSTITUTION	12a USUAL OCCUPATI		OF BUSINESS OR
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20	130 S	AL RESIDENCE (# NURSI STATE	NG HOME OR OTHER IN		OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	7 7IP CODE	
20	Me	aryland	Montgom	0.00	ver Spring			ngvale Terr.	/ 20910
1	14 F/	ATHER'S NAME				15 MOTHER'S MAIDEN NA			
55/	1)	FIRST	known		LAST	FIRST	Unknown	LA	AST
44	160 \	WAS DECEASED EVER		PCES2 TAL SOC	1AL SECURITY NO.	17 INFORMANT	ADDRE	9222 7 22	**
1/		YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR	DATES)				11115 Jolly	Way
1/		No	None	1 085	-09-6783	Janet Westber	rg (Neice)	Kensington,	
1		18 CAUSE OF DEATH PART I. DEATH W.	AS CAUSED BY:	19	1	T 6400		4.	XIMATE INTERVAL
			IMMEDIATE CAUS	SE (a)	This rey	ruley are	4	75.0	us.
not			DU	JE TO, OR AS A CO	INSEQUENCE OF	11 -12		4	
20		Conditions, if ony, gove rise to imm		1b)	epies -	Hypoterion	,	Do	71.
her		couse (o), stoting	g the DU	E TO, OR AS A C	INSEQUENCE OF			n.	
10		underlying couse	lost	(c)	brown "	Truet afe	elin -	1000	7.
7.	_	PART 2 OTHER SIGN	FIFICANT CONDIT	IONS CONTRIBUT	ING TO DEATH BUT			DITION GIVEN IN PART 1	10
<u>c</u>	ő	Gi Bles	1 . 1	Congesting	Hent	Forlew . I	Azoteni	Acidoris.	
67	1 F	19a DATE OF OPERAT	ION 196	CONDITION FOR	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND	
14	Ě						YES THE NOTE	IN CERTIFYING CAUSE	NO THE
8	CERTIFICATION	21a. ACCIDENT WAS UND		TIME OF INJURY		216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART 2)	
1	-	OR CONTRIBUTING C	AUSE OF DEATH		NTH DAY YEAR				
5	MEDICAL	(IF EITHER NOTIFY MEDIC		P.M.	19	21f. LOCATION			
bed o	W.	WHILE NOT WH	ILE (AT	HOME STREET, FACTOR		STREET	CITY OR TO	WN COUNTY	STATE
#		22a. I certify that (1)	(this hospital) atte	ended the decease	d from	19 84	, to_ Dec.	30 19 807	, that (1) (we) lost
5		sow the deceose		the body ofter deo	19 87 , 01	nd that in (my) (our) apinion	death accurred on the do	ote and hour and from the	causes stated
1		226. SIGNATURE	ila) (ala lib); view i	me body offer deo		DEGREE		22c. DATE	E SIGNED
1 10		Loven	, 6 G	raliam	_ / >	ATTENDING PHYSICIAN	MEDICAL STAF		- 30-57
37	1	228 PHYSICIAN'S NA	ME (TYPE OR PRINT)	912 11		22e ADDRESS 7/7	PENSHING-	- Drive	
80		Hv 60	G Gnaz	HANI		STLVET	i spring	1	20910
5		BURIAL, CREMATION, I	REMOVAL 23b. [DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
100		Cremation	.Te	m/2/88	Chambe	rs Crematory		e, P.G. Co.	Maryland
7.0	24 F	UNERAL DIRECTOR			01204.100			25b. REGISTRAR'S SUCH	

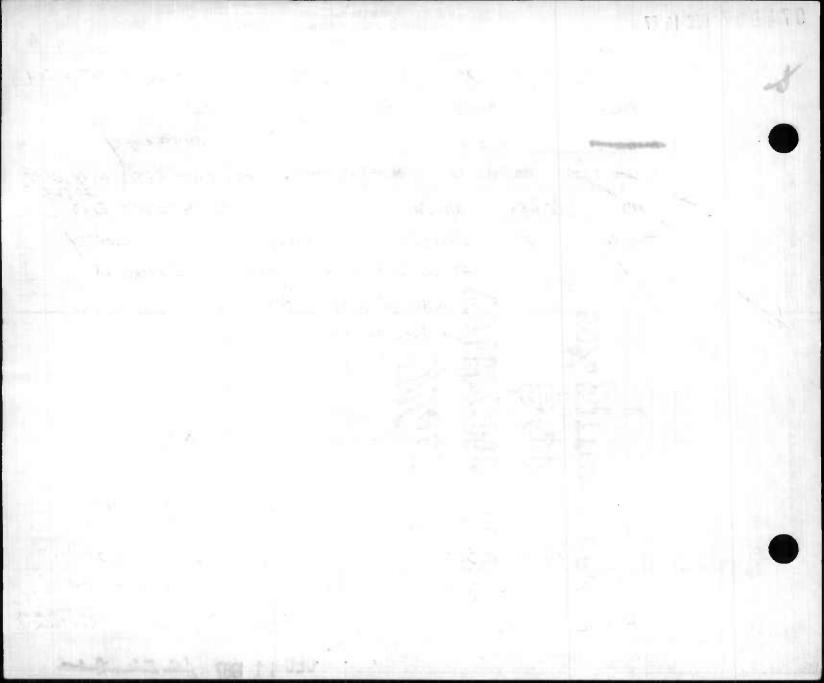
Silver Spring, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

Chambers Funeral Home

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	I DEC		FIRST	MI	DDIE		AST		20 DATE OF	REG. NO	NONTH DAY	YEAR	b. HOUR
9 m=		OR PRINTS	seb	7	P	Demp	5017	JR		~	EC 10.	1987	4.601.
moy b	3. SE)			RACE	,	5. DATE C		5/4	6 AGE (IN YE		HDAY) IF UP	NDER I YEAR	IF UNDER 24 HRS
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P	Ja. fill	Kentuci	EIGN 76.	CITIZEN OF W	HAT COUNTR	V2 0		MARRIED X	9 BALTIMOR	E CITY OF	COUNTY OF	DEATH	
	-	MALYEMNY	- 1	4.5.		WIDOWE	D []	DIVORCED [MON	TEOMER		MD.
1 11 10 /	10 CI	TY OR TOWN OF DEATH	1 11.	NAME OF HO					120 USUAL O			76. KIND OF NDUSTRY	BUSINESS OR
1 0 4 0 1	1000	ikoma Park					ist H	osp.	FED. G	FOUT (RET/	NEVY	DELT
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	4.FA	THER'S NAME	MIDE	N.S.	1451		15. MOTHE	R'S MAIDEN NA		MIDDLE		LAST	
I in IVAOC	1 3	TUSEPH	B		DEMPS	EY		MARY				OFFEY	/
1000		AS DECEASED EVER IN	U.S. ARMEE	0.00.0.1551	401-20		RUTH) WARE	EN	ADDRES	DANOKE	VA	
		18 CAUSE OF DEATH	Enter only o				17000	AA	- 1		UNIT CALL		ATE INTERVAL
1		PART I. DEATH WAS	CAUSED BY	Υ:	Card	1 0	nomon	y Ar	rest	7		BETWEEN ON	ISET AND DEATH
20: 110				DUE TO, OR,	AS A CONSE	QUENCE OF							
SEST SEST SEST SEST SEST SEST SEST SEST		Canditians, if any, v		(b)	chol 86	aga He	pani	15					
11 W. Pi that the cay the cather t		cause (o), stating underlying couse	the \	DUE TO, OR	AS A CONSECULAR	Faill	ine						
RDS, 20 equires 1 signed Then plant 1 to burn injury, o	NOI	PART 2 OTHER SIGNI	CANT CON	HOSE CO		O DEATH BUT	NOT RELATE	ED TO THE TERM	INAL DISEASE	OR COND	ITION GIVEN I	N PART ITO	
A RECO	CERTIFICATION	190 DATE OF OPERATION	ON C	196. CONDIT	ION FOR WHI	CH OPERATIO	N WAS PERF	ORMED	20a AUTO	PSY?	206. IF YES, WI IN CERTIFYING YES	G CAUSES C	SS USED OF DEATH?
ATTA STORES	CER	21a. ACCIDENT WAS UNDER		216. TIME OF		DAY YEAR	21c. HOW	INJURY OCCUR	RED (ENTERNAT	URE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	
A A d d d d d d d d d d d d d d d d d d	CAL	OR CONTRIBUTING CAL		P.M		19							
//SiON	MEDICAL	214 INJURY OCCURRED		21e PLACE O	F INJURY ET, FACTORY, OFFI	CE. FARM ETC)	21f. LOCAT	TION		CITY OR TOV	VN	COUNTY	STATE
DE OF STREET		27s-1 certify that (f) (f)	his hospital)	attended the	deceased from	m 5	31	10.75	No.	12/1	D/ 19	87 "	at its (we) last
ATTEN supplied CCTOR of for up		saw the deceased obove, (I) (we) (did	alive on	12/9/1	9719		od that in (m)	y) (err) opinion	death accurred	on the do	te and hour an	d from the co	uses stated
Man		176 SIGNATURE	100000	ew the body o	mer death.		DEGREE					22c. DATE S	
A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		(9	MAN	MILL	n			PHYSICIAN	MEDICAL DIRECTOR [STAF PHYSIC	F IAN 🗌	12/10	181
HOSPITAL med by 11 FUNERAL old be det 1 the Store		22d. PHYSICIAN'S NAM	TYPE OR PRI	I M L	n.F		22e ADDR		-	, 1	Viin Ma	1000	2/0/
A PANTA NA		VIVER		NHIF) 11(,-		3311		Torra		malts.	NIXED	ve.
21	23a B	URIAL, CREMATION, RE	MOVAL 2	DEA 17		-		RCREMATORY		R TOWN _	cc cc	DUNTY K.	CTGC STATE. A
BP	24 FI	BURIAL INERAL DIRECTOR		UEC.12.	1	DEMPS	1	ME TELLY		QR FIE	256 REGISTRAR	'S SIGNATII	RE .
DHMH - 16 50M 1/81 (VRA 15, 4)		ikoma Fune	ral	Home-I	Z5 GADDIE	arrol.	I St.	NW		20		0.014710	1
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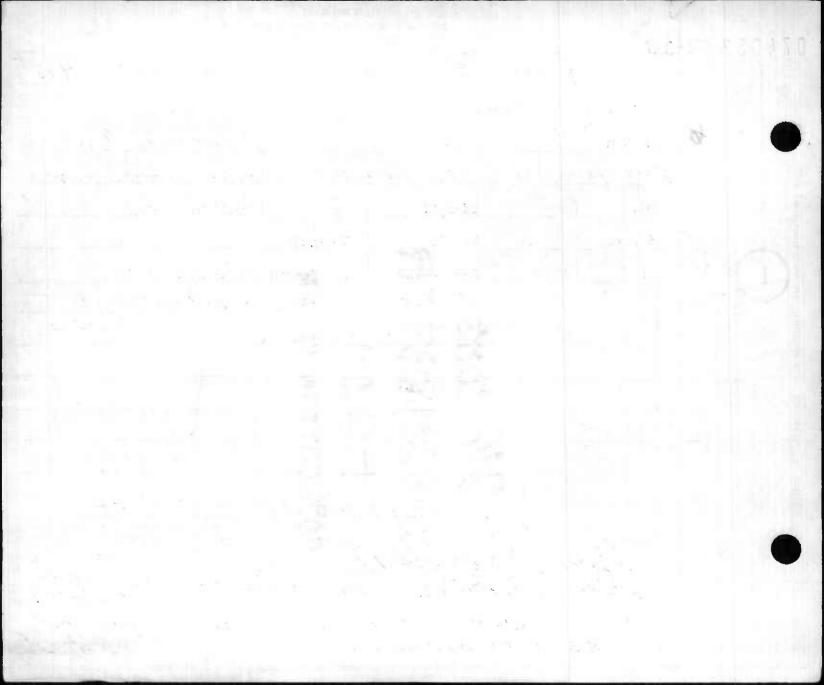
	FOR STATE			DEP	ARTMENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	GIENE	7	3 6	1 4 5
1. DE	FEGISTRAR CEASED NAME	EIRST /		MIDDLE	7	AST	20. DATE OF		DAY YEA	R 2b HOUR
		Rober		2.		ennis	'	12-01-	IF UNDER LY	7.75 M
1 58)	male		Cauca	esian	S. DATE C			EARS LAST BIRTHDAY)	MONINS DI	AYS HOURS MIN.
	enn.	100000000000000000000000000000000000000	CITIZEN OF	U.Sf.	7. MARRIEI	NEVER MARRIED DIVORCED	MOX	recity or cou		upts MO
SI	TYCKTOWN OF DEA	TH 11	I. NAME OF I		STREET ADDRESS	or other institution	(TYPE OF WORK	occupation for most of working an Instr	NG VIFE) INDUST	TRY Sales
	AL RESIDENCE (IF NURSI STATE Md.	NG HOME OR OT 13b, COUNTY PG		GIVE RESIDENCE I 13c. CITY OR Adelph		13d INSIDE CITY LIMITS?		ADDRESS / ZIP C	11 11	0783
4 FA	Robert	D.	DDLE	Dennis		13. MOTHER'S MAIDEN NA FIRST Gertrude	ME	WIDDLE	Neipe	LAST Pr
1	VAS DECEASED EVER I VES, NO OR UNKNOWN)		ED FORCES? VAR OR DATES)	166 SOCIAL 159 16	7299	Anne Dennis	(Wife)	Same as	13E	
	Conditions, if ony, gove rise to imm couse (a), stating underlying couse	which sediote of the lost.	DUE TO, O	R AS A CONS	EQUENCE OF	Haller NOT RELATED TO THE TERA	e Alnai Disease	FORCONDITION	GIVEN IN PAR	Yous.
CERTIFICATION	196 DATE OF OPERAT					N WAS PERFORMED	20c AUTO	PSY2 70b 4F	F YES, WERE FIN	
MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	P.	M. MONTH M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NA	TURE OF INJURY IN ITEM	M 18 PART TOR PART	21
MED	21d INJURY OCCURR	KE []	21e. PLACE		FFICE, FARM ETC)	211 LOCATION STREET)	CITY OR TOWN	COUNTY	Y STATE
	22a I certify that (1) saw the decease abave, (1) (mp) (d	d alive on_	121	/	£7.0	nd that in (my) (aur) opinion	death occurre	d on the date and		the causes stated ATE SIGNED
	27b. SIGNATURE	lles	100	de	14	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	12	11102
	22d PHYSICIAN'S NA	NY	- 61	315,		120 ADDRESS 163/360	Lone,	NAM	Tae,	ming
	Burial, CREMATION,	REMOVAL	12/4/8	37		Heaven	234 LOCA	OR TOWN	Mont.	And Do

Hines Rinaldi 11800 New Hamp Ave. S.S.Md.

DEC 03 1987 Julia December 1

DHMH - 16 60M 7/84 (VRA 15, 4)

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ST	ATE	OF	MAR	YLAND
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PARTMENT	OF	HEAL	HT.	AND	MENT	AL	HYG	IENE
CE	RTI	FICA	ATE	OF	DEAT	H		

7442	6 DEC -8 8	1.	FOR STATE REGISTRAR		DEPARTI		ALTH AND MENT CATE OF DEAT		ENE BEG. NO.	6 1	4 6
6	oy be	(TYP)	CEASED NAME FIRST	E V	AIDDLE D	ERF	11N68	R	20 DATE OF DEATH MONTH	DAY YEAR PROPERTY YEAR	2b. HOUR DODEN M
	ge 4 m ictor. p	3 SE	F	1. RACE)	5. DATE OF	ICH I		73	MONTHS DATS	
	P. P. P.		RTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER MARRI	IED 🗆	BALTIMORE CITY OR COUNTY	OF DEATH	
	de d	10.0	Virginia ITY OR TOWN OF DEATH		S.A.	WIDOWED	DIVORC	ED XX	Montgomery		
201	s ofter	P	akoma Park	(IF NOT IN SUCI	entist	Hospi	tal		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LE Waitress.		
AND 213	24 hov	M.			GIVE RESIDENCE BEFORE 13c. CITY OR TOW Mornin	gsid		K)	6704 Suitlan		20746
A BALL	da entre	L. B.	ATHER'S NAME Edward	MIDDLE	Smith		Mary	DEN NAM	Frances		shire
BALTIMORE, MARYLAND 2120	be execci	16a \		MED FORCES? /E WAR OR DATES) / A	166 SOCIAL SECU 228 28	6098	Violet	A16	eshire Morning	side.	MD
7	ertificate g physici sonpoper removal.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per D BY: TE C AUSE (0)	for io this on	CON	GESTIVE	1/2	ANTE FAILURE	APPROX BETWEEN	XIMATE INTERVAL ONSET AND DEATH
PRESTON ST	e deoth c nave cork otion, or traumatic		Conditions, if any, which	DUE TO, OF	A A GONSEOU	NCE OF	Arthr	y D	SASE		
01 W. P	d by the leose reriol, crem		couse (D), stating the underlying couse lost.	(c)	71114	DSCI			ONSCURR DISC	Me-	
PRDS, 2, requires an signe. Then port to bur injury, (CERTIFICATION		Ser-	NV	11.2			NAL DISEASE OR CONDITION GIV		
DIVISION OF VITAL RECORDS, 201 W. NG PHYSICIAN: The law requires that the retrieved physician. After this certificate has been signed by the strength of the burnel-transit permit. Then please in the and Mental Hygiene prior to buriol, created or fem.] 8 shows ony injury, or other area of the prior of			196 DATE OF OPERATION			OPERATION	WAS PERFORMED		YES NO X IN CERTIF	S, WERE FINDI FYING CAUSES ES	
FVIT	Z Z D O T &		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		FINJURY M. MONTH D.	AY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
O N	HYSICIAI ding ph is certifi buriol:tr Mentol	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P./ 21e. PLACE (19	211 LOCATION				
VISIC	G PH aften aften the ond ked c	ME	WHILE NOT WHILE		EET, FACTORY, OFFICE F	ARM, ETC)	STREET	\sim	CITY OR TOWN	COUNTY	STATE
۵	TENDIN or of CR. Aft		22a.l certify the (I) this hospi	11/30	19	, one	that (my) (our)	opinion de	eoth occurred on the date and hou	1901.	that (1) (we) lost
	Y the hosp y the hosp tat DIRECT detoched f detoched f detoched f		22b. SIGNANDE	View the Voidy	ofter death.	M	EGREE ATTENT		MEDICAL STAFF		signed
	TO HOSPITAL etained by th TO FUNERAL should be det with the State IMPORTANT:		22d PHYSICIAN'S NAME (TYPE OF TENDEN) C	REPORTS BE	BRIE.	MD	7501 S	Sire	Ans Ro Cem	hariM	987 D 20737
SEE Y	5 5 5 4 3 3		BURIAL, CREMATION, REMOVAL	23b. DATE			METERY OR CREMA		23d LOCATION CITY OR TOWN	COUNTY	STATE
	BP	B	urial	12/5/	1987 F	Riley	ville Ce	emete	ery Rileyvil	le Paç	ie Va.

DHMH - 16 60M 7/84

(VRA 15, 4)

Bradley Funeral Home Luray,

Virginia

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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CF	RT	IFIC	CA	TE	OF	DEAT	H	

	PEG. NO.	0	, ,	4	1
	12 - 9 -	8 7	YEAR	26. HOU	JR . 15
_	6. AGE (IN YEARS LAST BIRTHDAY)	IF UND	ERIYEAR	IF UNDER	24 HRS
	95		DAYS	HOURS	MIN.

	MALE		CA
a.	BIRTHPLACE	I STATE OR FOREIGN	7b. C

UCASIAN ITIZEN OF WHAT COUNTRY?

MIDDLE

29 NEVER MARRIED WIDOWED DIVORCED

JUNE

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

esgal IER

MONTGOMERY LITYPE OF WORK FOR MOST OF WORKING LIFE)

MIDDLE

17a USUAL OCCUPATION

MINISTER

BALTIMORE CITY OR COUNTY OF DEATH

12b. KIND OF BUSINESS OR

SWITZERLAND 10. CITY OR TOWN OF DEATH WHEATON

WHEATON MANOR CARE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN

SILVER SPRING

I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

113d. INSIDE CITY LIMITS? NO

1892

13e.STREET ADDRESS / ZIP CODE 13116 EWOOD LANE 20906

MARYLAND 14 FATHER'S NAME

13a STATE

FOR

- STATE REGISTRAR I. DECEASED NAME

(TYPE OR PRINTS

3. SEX

MIDDLE OSCAR

136 COUNTY

MONTGOMERY

DESGALIER 16b SOCIAL SECURITY NO

ELISE 17 INFORMANT

15 MOTHER'S MAIDEN NAME

YES []

ADDRESS

GURTNER

160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO

FREDERICK

152-28-5121

HELEN W. DESGALIER/WIFE/SAME AS 13

APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS

sow the deceased alive an

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

21¢. HOW INJURY OCCURRED

21d. INJURY OCCURRED 71e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the

21f LOCATION

CITY OR TOWN COUNTY STATE

and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated

ATTENDING

MEDICAL DIRECTOR PHYSICIAN

23c. NAME OF CEMETERY OR CREMATORY HILLCREST CEMETERY

QEGREE

CITY OR TOWN

LAKE

FLORIDA

BURIAL

230 BURIAL, CREMATION,

24 FUNERAL DIRECTOR FRANCIS J. COLLINS, JR. 500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

DEC.16,1987

LEESBURG

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15. 4)

MPORTANT: should be

107637

STATE OF MARYLAND

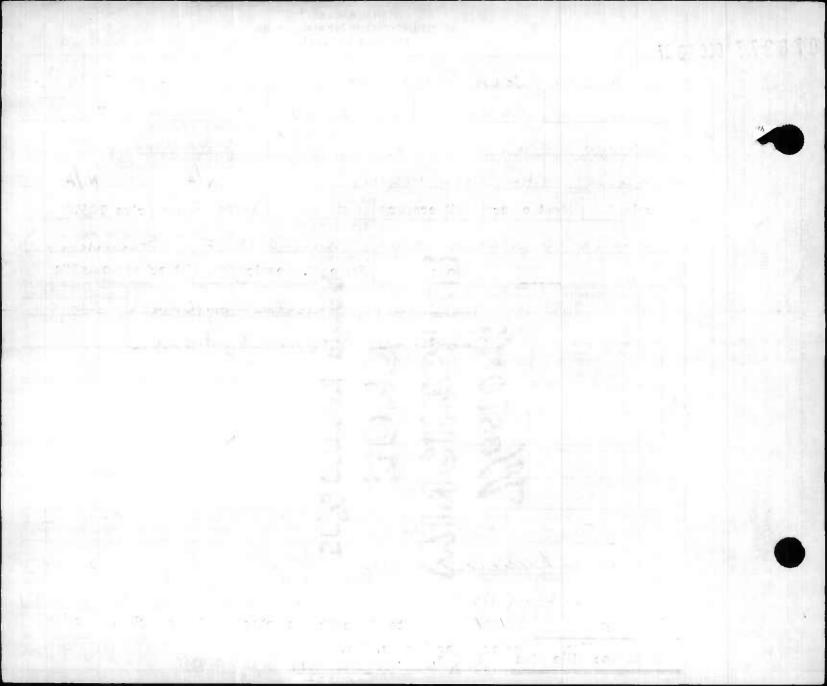
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG.	NO.	3	6	1	4	-
TE OF	DEATH	MONTH	DAY		YEAR	26 HOUR	

T. DEC	REGISTRAR		MENT OF HEALTH AND MENT CERTIFICATE OF DEAT		3614
(TYPE C	EASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUL
3 SEY	OR PRINTI			ZU DATE OF DEATE	0-1.30
3 SEY	Jessica	Jean De	vairakkam		12-19-87 6=
3 35 7		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAS	BIRTHDAY) IF UNDER 1 YEAR IF UNDER 1 MONTHS DAYS HOURS
	emale	Asian		YEAR Y	YRS 7
	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARR	PED 9 BALTIMORE CIT	Y OR COUNTY OF DEATH
	raryland	U.S.A.	WIDOWED DIVOR	ED II MON	tomery
	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE HOLY CVOSS			ATION 126 KIND OF BUSINE
13a S1	AL RESIDENCE (IF NURSINGHOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION) WN 1136 INSIDE CITY L	IMITS? 136 STREET ADDRES	SS / ZIP CODE aguna Drive 2 0879
	AS DECEASED EVER IN U.S. AF	MIDDLE DEVOIVA CHON DEVOIVA MED FORCES? 166. SOCIAL SEC VE WAR OR DATES) None	URITY NO. 17 INFORMANT	Devairakkam	Somasunderan Oress (father) same as 13e
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE		THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1 (a
NOIT		104 CONDITION FOR WHIC	H OPERATION WAS DEPENDANE	D 20a ALITOPSY?	
TIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORME	D 200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO
CERTIFIC	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH I	DAY YEAR 21c HOW INJUR	D 290 AUTOPSY? YES NOT	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES \(\text{NO} \) NO
1 5 1	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH I	DAY YEAR 19 211 LOCATION	YES NOT	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES \(\text{NO} \) NO
CERTIFIC	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING	21b. TIME OF INJURY HOUR A.M. MONTH E P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	DAY YEAR 19 711 LOCATION STREET	YES NO COCCURRED (ENTER NATURE OF	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO
CERTIFIC	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHIE NOTWHIE AT WORK 22a. Certify that (I) (this hosp sow the deceased alive as obove (II) we (did) did n 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH E P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE sital) attended the deceased from 12-19 11 view the bady after death.	DAY YEAR 19 211 LOCATION STREET 27 Ond that in (my) (our DEGREE ATTE: PHYS	YES NOT OCCURRED (ENTER NATURE OF CITY OF DIPING MEDICAL DIRECTOR PH	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO STATE 1 OR PART 2) OR TOWN COUNTY STATE 1 OR THE COUNTY STATE 1
CERTIFIC	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 22a. L certify that (I) (this hose sow the deceased alive as obove (II) we kilded and not the control of the control	21b. TIME OF INJURY HOUR A.M. MONTH E P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE sital) attended the deceased from 12-19 11 view the bady after death.	DAY YEAR 19 211 LOCATION STREET 27 Ond that in (my) (our DEGREE ATTE: PHYS	YES NOT OCCURRED (ENTER NATURE OF CITY OF OCCURRED) opinion death accurred an Ith NOING MEDICAL DIRECTOR PH	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO NO NOTION INJURY IN ITEM 18 PART 1 OR PART 2) OR TOWN COUNTY STAFF THE dote and hour and from the causes start of the course start of th

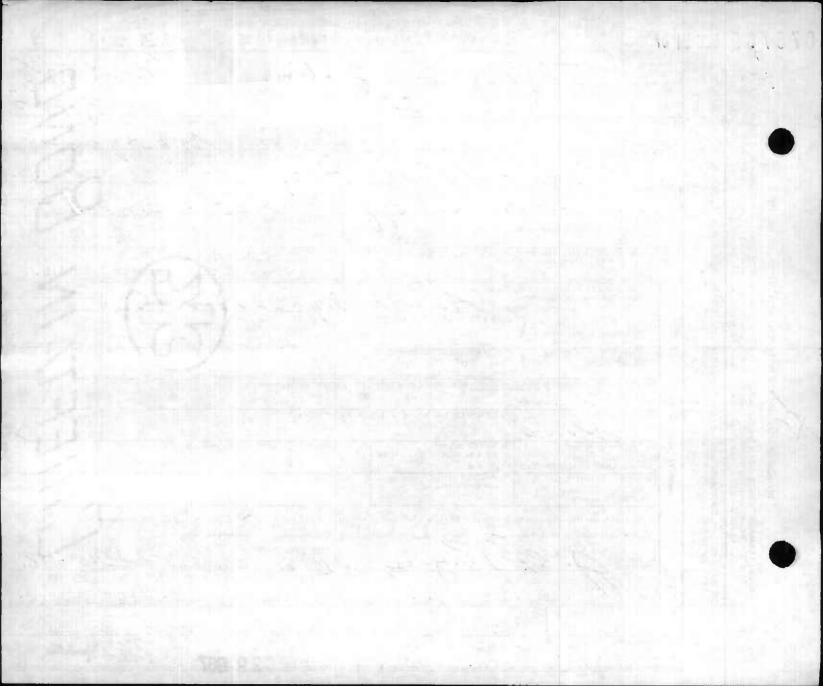
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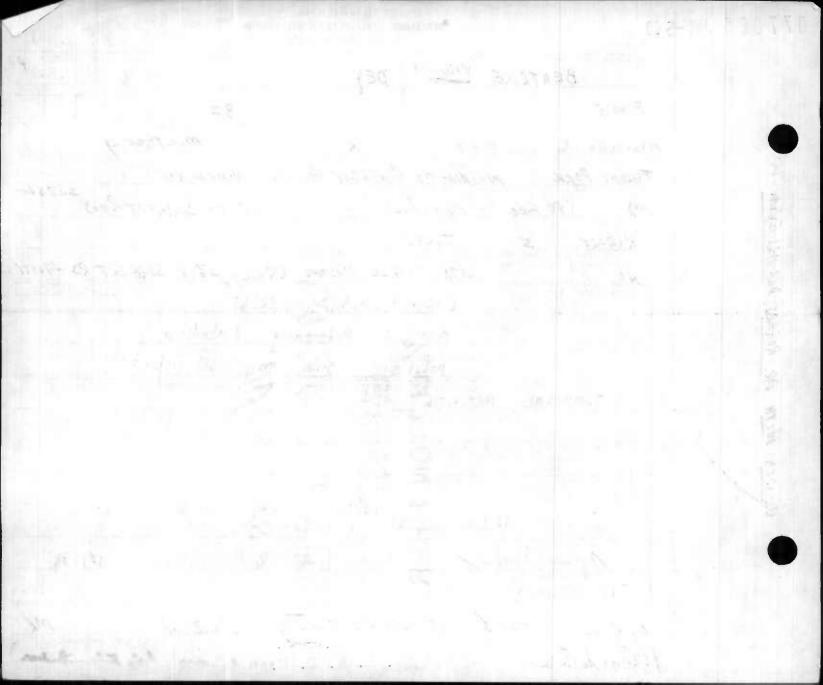
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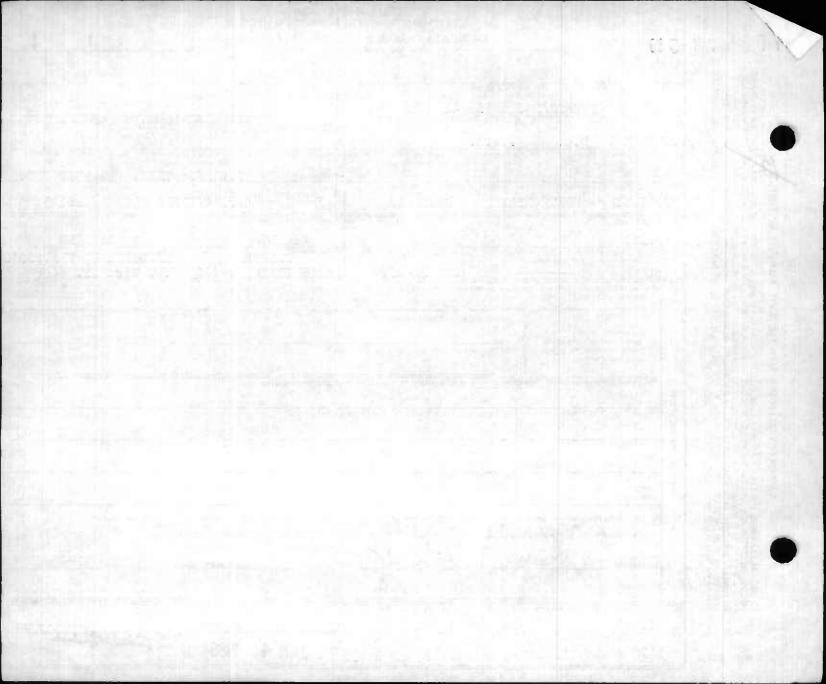


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-UNERAL DIRECTOR.

FOR YOUR FILES.
WITHIN 72 HOURS DEATH MATED 5. DATE OF BIRTH 6. AGE (IN YEARS 4. RACE IF UNDER 24 HRS DATE DAY LAGERTHDAY) PRONOUNCED Male Caucasiah March 18,1935 DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNT MARRIED NEVER MARRIED FOREIGN COUNTRY) United States Maryland WIDOWED DIVORCED FILED, ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORLD 17b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Tree Ser.Co. Owner RSING HOME OR OTHER INSTITUTION, GIVE HAL RESIDENCE (IF IN NY ESIDENCE BEFORE ADMISSIONI 20902 13a, STATE 13d INSIDE CITY CIMITS? 13e STREET ADDRESS YES BALTIMORE, MD 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST EIRST MIDDLE FIRST Devlin Thomas Edward Veronica Sawyer 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** Cal Examiner Along with F Burial - Transit Permit. Page And Mental Hygiene, division Aation, or Removal. (Wife) 18. GIVEPA S WITH FO AIT. PAGES (IF YES GIVE WAR ORDATES 214 32 9717 Grace Jewell Devlin Same as line #13. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDIC TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A E AFTER DEATH, WITH THE STATE DEPARMENT OF HEALTH, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREW. CERTIFICATION SHOULD 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? dne NO DE 710. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 214. INJURY OCCURRED 21e PLACE OF INJURY III. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE Inspection 220. I certify that I taak charge of the remains described above, held an Autopsy Inquiry and in my apınıan death resulted fram: Natural causes Accident Suicide Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINE NAME 1919 Seminary Rd. Silver Spring, Md. (TYPE OR PRINT John S. Rogers, M.D. ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY December Gate of Heaven Cemetery Silver Spring 1987 Burial 07/84 BP Maryland 25M 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home/ 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Montgomery Ave. Rockville, Maryland







5	STA	TE	OF	M	ARYL	AND	
				-			

DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA

5. DATE OF BIRTH

MARRIED NEVER MAR

ond that in my

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

250 DATE REC'D.

23d LOCATION CITY OR TOWN

ilver Spring Montgomery Md
D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

MONTH

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITU

0002

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

University Blvd. W. Silver Spring. MD. 209010FC

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO

216. TIME OF INJURY

P.M.

21e. PLACE OF INJURY

mo

Burial Dec. 29, 1987 Gate of Heaven

24 FUNERAL DIRECTOR Francis J. Collins

236. DATE

aur

166. SOCIAL SECURITY NO.

219-08-2424

196 CONDITION FOR WHICH OPERATION WAS PERFORM

ALTH AND MENTAL HYG	0 7	- 3	6	1	5	2
ST.			DAY	YEAR	Zh HC	TIP
Z	N. DAIL OF BEATH	12 2	25	87	12	45 A
BIRTH	6. AGE (IN YEARS LAST BIRTH	YRS.	MONTHS	DAYS		-
	9. BALTIMORE CITY OR	COUNT	Y OF DE	ATH		M
	(TYPE OF WORK FOR MOST OF				F BUSIN	
YES NO	134 STREET ADDRESS	50 m	ary	4.7	209	10
1 FIRST	WIDDIE		FACO		ī	
	ADDRES					
Edgar Rene D	iaz Husband	Sa			3	
TATE OF DEATH TO DATE OF DATE OF DEATH TO DATE OF	DEATH					
losis				2	nu) -
OT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GI	VEN IN	PART 110),	
WAS PERFORMED	20e AUTOPSY?					
					NO	
21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18	PART I OR	PART 2)		
	CITY OR TOW	/N	co	UNTY		STATE
		12/25	. 19_ 9	/		
EGREE				c. DATE		

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death page

FOR

- STATE

3. SEX

REGISTRAR PECE ASED NAME TYPE OR PRINT!

Guatemala

14 FATHER'S NAME

No

CERTIFICATION

MEDICAL

Female

To BIRTHPLACE ISTATE OF FOREIGN

IS CITY OR TOWN OF DEATH

Antonio

(YES, NO OR UNKNOWN)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate couse (o), stoting the

underlying couse last.

198 DATE OF OPERATION

SIGNATURE.

23e BURIAL, CREMATION, REMOVAL

(SPECIFY

218. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

LIF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

BONIA

4 RACE

USUAL RESIDENCE (IF NUTSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE UNOR ADMISSION 130 STATE 130 COUNTY 134 CITY OR TOWN ? MONTH OTHER YOUNG STATE

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (0)

220 I certify that (1) (this hospital) attended the deceased from

sow the deceased alive on obove (1) (we) (did) (did not view the Body after death.

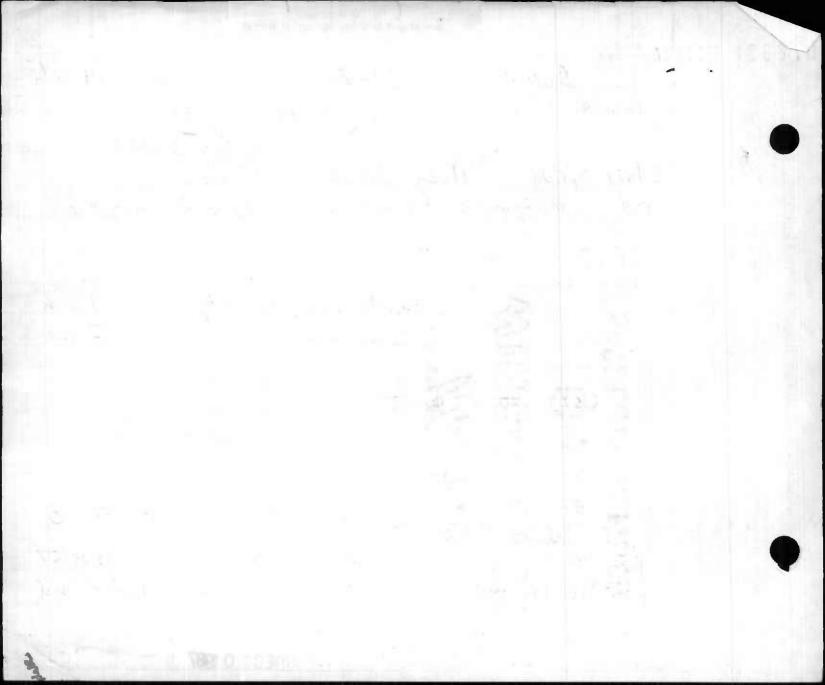
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).

Cancasian

Guartemala

76. CITIZEN OF WHAT COUNTRY?

TO HOSPITAL	TO FUNERAL should be det with the State	IMPORTANT:
BP.		_
DHMH - (VF	16 50M 1 RA 15, 4)	/81



DEC.

.1987

CHAMBERS CREMATORY

RIVERDALE, Md / 20737

FOR

- STATE

(TYPE OR PRINT)

REGISTRAR II DECEASED NAME

CREMATION

CHAMBERS CO.

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 20 DATE OF DEATH MONTH YEAR 26 HOUR d & AGE LIN YEARS LAST BIRTHDAYL IF UNDER TYEAR IF UNDER 21 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY CO. 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR [TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY HOUSEWIFE HOME 13e.STREET ADDRESS / ZIP CODE #501 GEORGIA N.W. 2001 MIDDLE LAST ADDRESS K. ST. N.W. WASH.DC. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 200 AUTOPSY 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) COUNTY STATE CITY OF TOWN and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 221 DATE STAFF DIRECTOR PHYSICIAN

P.G.C

SH REGISTRAL STONAY

RIVERDALE.

ALIEN TO LET TOUR

TO MANUAL A LOCAL DEG 2 8 867

CAN THE DESCRIPTION OF THE PROPERTY OF THE PRO

	FOR 1 - STATE REGISTRAR		STATE OF MARYLAND INT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 RGG. NO.	6 5 4
21	DECEASED NAME FIRST (TYPE OR PRINT) Belle	R DO	perp berg	12 DATE OF DEATH MONTH DATE	0- 10(13)
			S. DATE OF BIRTH FED 1 DAY 1917		UNDER I YEAR IF UNDER 24 HRS
7	COUNTRY) Michigan	U.S.A.	MARRIED NEVER MARRIED WIDOWED MORCED	9. BALTIMORE CITY OR COUNTY OF	RY MD
)	Betherda	NAME OF HOSPITAL, NURSING (IF NOT IN SUCHEACHLY, GIVE STREET ADI	HOO, A	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) Secretary.	126 KIND OF BUSINESS OR INDUSTRY Justice Dept
5	Maryland Montgo	13c. CITY OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 4620 N. Park Ave:	nue/20815
5	4. FATHER'S NAME FIRST MIDI William	Rothenberg	15. MOTHER'S MAIDEN NA/ First Pauline	MIDDLE E	mmer
1	160 WAS DECEASED EVER IN U.S. ARMEI [YES, NO OR UNKNOWN] (IF YES, GIVE W n/a	VAR OR DATES)		arg/son 2504 Mason	
	18 CAUSE OF DEATH (Enter only of PART I DEATH WAS CAUSED B		MYOCARDIAL IN	FARCTION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HOUR
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN (c) DUE TO, OR AS A CONSEQUEN (c)	LY ARTERY DIS	scase-	3 WEEKS
				INAL DISEASE OR CONDITION GIVEN	
	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH O		YES NO YES	
7	OR CONTRIBUTION TO CAUSE OF DEATH	P.M.	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	ORPART 2)
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR)	M, ETC) 231 LOCATION STREET	CITY OR TOWN	COUNTY STATE

270 I certify that (I) (this hospital) attended the deceased from

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

WISCONSIN AVENUE, LIPSON, 5500 LEWIS

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23c. NAME OF CEMETERY OR CREMATORY 12/23/87 Burial Crest Lawn Cem.

Atlanta, Georgia 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

Ives-Pearson F.H., Falls Church, VA

STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

PORTANT

and the control 1835 are break map to built pleased and all the

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DEC

STATE OF MARYLAND

1.	FOR - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
068	REGISTRAR	MIDDLE IAST 20 DATE OF DEATH MONTH DAY YEAR 126 HOUR
40	ROSCOE	DORSEY Dec. 11 1987 526pm
3,5E	MAIR	BACK 5. DATE OF BIRTH 6. AGE (IN YEAR SLAST BIRTHDAY) IF UNDER I YEAR IF UNDER I HAS MONTHS DAYS HOURS MIN
	COUNTRY D	MARRIED NEVER MARRIED MONTE CITY OF COUNTY OF DEATH WIDOWED DIVORCED MONTE OF MARRIED MONTE
5	ILVEY SPYING	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NO IN SUCH FACILITY, DIVESTREET ADDRESS)
Uh.	STATEMA! ITAGO	13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 120904
HCF.	William	ALDONSON SALLY SIMMS
	WAS DECEASED EVER IN U.S. AR	WI 213-16-2277 Digne Mc Elroth (daughter) A5#13
	PART L DEATH WAS CAUSE	nly one couse perfine for lot (by and ic). ARREST ASSOC WITH AVPERSAME INTERVAL D BY: TE CAUSE (o). ARDEC ARREST ASSOC WITH AVPERSAMEN 3-5 mm
	Conditions, if any, which give rise to immediate cause (a), stating the underlying cause last.	DUE TO, ORAS A CONSEQUENCE OF A L FAILURE Z-3 DAYS DUE TOTOR AS A CONSEQUENCE OF RETERAL OBSTRUTION ADDIVIDED AND ADDIVIDED ADDIVIDED AND ADDIVIDED ADDIVIDED AND ADDIVIDED ADDIVIDED ADDIVIDED AND ADDIVIDED ADDIVIDED AND ADDIVIDED ADDIVIDED ADDIVIDED AND ADDIVIDED
TION	MULTIPLE	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART ITS CONDE
CERTIFICATION	19L DATE OF OPERATION	19. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO YES NO YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
10000	OR CONTRIBUTING CAUSE OF DE OF CONTRIBUTING CAUSE OF DE OF EITHER, HOTH'S MUDICAL EXAMINE	HOUR A.M. MONTH DAY YEAR
MEDICAL	MONE OCCURRED MONE OF MOTORS	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 211 LOCATION CITY OR TOWN COUNTY STATE
1	sow the deceased alive on above, (M (west (did)) (did no	to the declared the declared from the course stated and the declared on the date and hour and from the courses stated at the body offer death.
	Jamene L	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12/1/87
-	LA WREND	3 MARCUS MD 10313 GEORGIO AUE
23a.	BURIAL CREMATION, REMOVAL	23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY)

23t. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN CITY OR TOWN COUNTY OF TOWN COUNTY OF TOWN COUNTY OR TOWN COUNTY OR TOWN COUNTY OF TOWN COUNTY OF TOWN CITY OR TO Burial 12-1;
24 FUNERAL DIRECTOR
George R. Snowden

115 12 12 12 13 10 The contract of the contract o The state of the s A STATE OF THE STA The the the United the Control has himself and the second MUSICALE FOR THE TOTAL - THE THE ASSESSMENT FROM LAWRENCE ROBATION AND SECRETARY ASSESSED. THE RESERVE THE PROPERTY OF THE PARTY OF THE

FOR STATE

uneral director, page 3

criticate be executed within 24 hours ofter death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REGISTRAR		4411111	TANK OF PERSON	REG. NO	. 0		9	
I. DECEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH	AONTH DAY	YEAR	26. HOUR	
(TYPE OR PRINT)	· S.	DON	VALDSON	1	2 16	87	08/2,	
3. SEX	4. RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTH		DER 1 YEAR	IF UNDER 24 HRS	
F	0	MONTH		100	MONT	HS DATS	MOURS MIN.	
To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 1		9. BALTIMORE CITY OF	COUNTY OF	DEATH		
COUNTRY	ISA	4	NEVER MARRIED	MONTEO	mcx. V			
WISCONSIN 10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME O	And the second	12g USUAL OCCUPATIO		2h KIND O	OF BUSINESS OR	
1	EIF NOT IN SUCH FACILITY, GIVE STR	EET ADDRESS)		(TYPE OF WORK FOR MOST OF		NDUSTRY	. 555255 0	
Bethesda USUAL RESIDENCE OF NURSING HOME	OCCUPATION CIVE DESIDENCE DES	Wespit.	aj	HOUSEWIFE		0906		
13a STATE 13b COL			13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	1/11	.0900	20	
	int. Wheav	101	YES NO	1270 9	12114 11	002	DK	
14. FATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA	AME		LAS	T.	
, IRA	SHAN	TZ	GLADYS			BEI	RRY	
16a WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SE	CURITY NO.	17 INFORMANT SON	ADDRES	S 4137 F	RED BA	ANDANA	
NO	578-12	-7564	ROBERT S. D	ONALDSON/WAY	ELICOT	T CIT	TY, MD	
IS CAUSE OF DEATH (Enter of	only one couse per line for (a), (b),	and (cl.)	-1	21043	I	BETWEEN	MATE INTERVAL	
PART I. DEATH WAS CAUS	ATE CAUSE (0) Pulmor	rang &	dema			ho	us/de	
IMMEDIA			1 1	_		-	1/	
Canditions, if any, which	DUE TO, OR AS A CONSEC	MyO CO	andial inter	Lin		23	, days	
gave rise to immediate	gove rise to immediate							
underlying cause last								
PAGE 2 OTHER CICNIEICANIT	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BULL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION QIVEN IN PART 100							
& chunic renal		26 peras	as failure - 1	entition d	yenden	FC	OPD	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE			
E	34 (125) 6.			YES NOW	IN CERTIFYING	CAUSES	NO []	
21a. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY	IN ITEM IB PART 1	OR PART 2)		
OR COLUMNIC CONTRACTOR		DAY YEAR						
(# EITHER NOTIFY MEDICAL EXAMIN	21e. PLACE OF INJURY	17	211 LOCATION					
AURE MOLANIE	(AT HOME STREET, FACTORY, OFFIC	E, FARM, ETC)	STREET	CITY OR TOW	N	COUNTY	STATE	
	pital's attended the deceased from	Nov	23 1087	Dec	16	87	4h - 4 (300 ()]	
sow the deceased alive a	No a 17	6.4	nd that in (my) (aur) opinion	death occurred on the day	te and hour one		that (M' (we) las	
above, (I) (me) (did r	not) view the body ofter death			The second of the second				
TO SHONATURE I	7000	M	ATTENDING.	MEDICAL STAFF		22C. DATE	10/67	
viger 1 de	nan		PHYSICIAN 3			16/1	0/2/	
274 PHYSICIAN'S NAME (TYPE			270 ADDRESS	Canal 2	2.1.	.1.	4) 208/1	
Koger t. L	eonaro		10401 0186	seorge town 10	Delle	sal	110	
230 BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION			63.45	
BURTAL	DEC 18,1987	CEDAR I						
24 FUNERAL DIRECTOR FR	ANCIS J. COLLÍN		25 p PA	TEREC'D. BY REGISTRAR 2	Sh. REGISTRAR	SSIGNAT	URE	
500 UNIVERSITY B	LVD W SILVER SP	RING, M	ID 20901	21 1987	Julia D.	widen.	Rudale	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

IMPORTANT: If hem 21 is marked or hem 18 shows any injury, or other traumatic event,

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please sewith the State Dept. of Health and Mental Hygiene prior to burial, stem

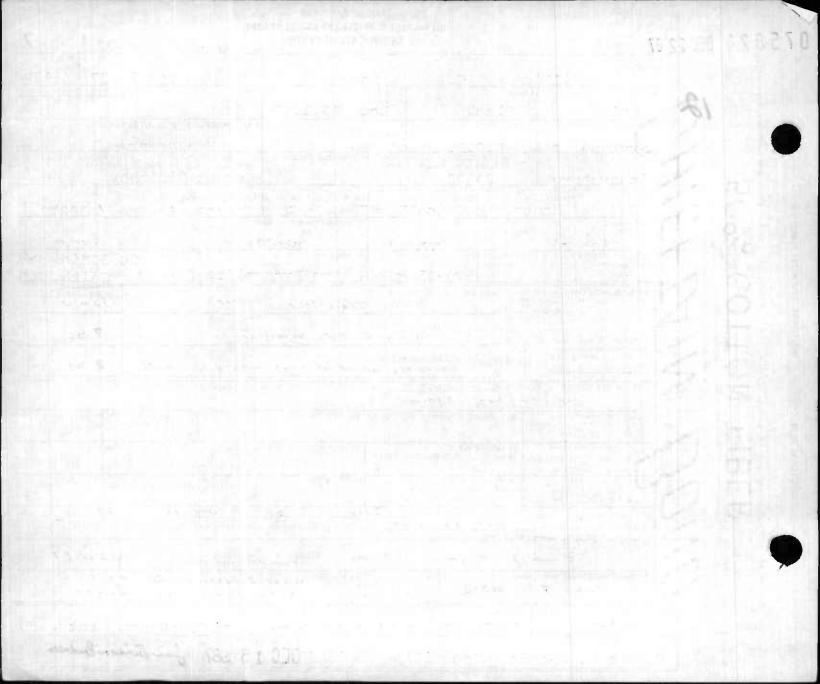
TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician

and the street

	STATE	OF M	ARYL	AND
DEPARTMEN	T OF HE	ALTH	AND	MENT

0 2 5 4		1	FOR		DEPAR	TMENT OF H	EALTH AND MENTAL HYC	SIENE			
0/58	24 DEC 2	2 8	STATE REGISTRAR			CERTIF	ICATE OF DEATH	8 REG N	0 8	5 6 1	5 7
		1. DE	CEASED NAME FIRST		WIDDLE	l l	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
2	2.5	(TYPE	ORPRINT) Will	iam	G.	D	orsev		Dec	10,87	4:15Pm
lo ko	0.0	3 SE		4. RACE	G.	S. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
- 4	20 /2		Male	Bla	als	nonth De		83		MONTHS BAYS	HOURS MIN.
0.00	10	75 RI	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	2 0		9 BALTIMORE CITY C	YRS.	Y OF DEATH	
● *	True de	10. 11	COUNTRY)	78 CHIZEINO	WHAI COUNTRI	MARRIE	D X NEVER MARRIED	BALTIMORE CITT	K COOI41	1 OF DEATH	
6	45 8		Maryland		S.A.	WIDOWE			gome		MD.
2	23000	10. CI	ITY OR TOWN OF DEATH		HOSPITAL, NURS JCH FACILITY, GIVE STREI		OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O			OF BUSINESS OR
100 0	5 2	G.	aithersburg		0533 Zi			Cement F	inis	her	None
2 No.	11 4	130. S	AL RESIDENCE (IF NURSING HOME STATE 13b. COL		13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP COL	JE .	
22 25	100			ntq.	Gaith			20533 7			00879
A M	100	14. FA	ATHER'S NAME				15. MOTHER'S MAIDEN NA	ME	11111		
2 2	Ob Kee		FIRST	WIDDIE	LAST		FIRST	MIDDLE		LAS Dave	
M 13	0/1	160 V	Richard WAS DECEASED EVER IN U.S. A	RMED FORCES?	Dor 16b SOCIAL SEC		Este]	ADDR	ESS		rown
NO N	LH 11		YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	0-0						ion Rd
£ 5	67		No No		579-05		A Mrs Evan	geline Do	rsey		th, Md
AB S	T de de		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause po SED BY:			An . In due	Alrest		30 M	ONSET AND DEATH
5 1	0.00	1		ATE CAUSE (a)_		74.0-	respir-tory	7177-01		30 %	
0 ±	200			DUE TO,	OR AS A CONSEQ	UENCE OF				7.	
EST opp	for the		Conditions, if any, which	(d)_	^	du. Ner	d eoreinomis	01.1		/ ^	10.
E 2	2111		gove rise to immediate cause (a), stating the	DUE TO.	OR AS A CONSEQ	UENCE OF					
* tot	1101	-	underlying cause last.	((c)_	Adino	rorcin	omp of lung	with CNS	mrts	8 1	10.
20	o A		PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	IVEN IN PART 1	a
RDS equ	2505	o o	061110	rtion bu	1 Dileo	C					
8	1000	EA.	190 DATE OF OPERATION	19b CON	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FINDI	
7 2	28110	Ē	SHIP PERSON					YES NOT	4	IFYING CAUSES	NO [
TTA TA	a the state of	188	210. ACCIDENT WAS UNDERLYING		OF INJURY		21c. HOW INJURY OCCUR				
4 A	4477	A	OR CONTRIBUTING CAUSE OF D	CAIL.	A.M. MONTH						
Z SS	D S S S S S S S S S S S S S S S S S S S	DEC	(IF EITHER NOTIFY MEDICAL EXAMIN		OF INJURY	19	211 LOCATION			1000	
151	4 4 5 5	N.	HILE NOT WHILE		TREET, FACTORY, OFFICE	FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
Pa ONIC	A September 1			3 15 m 1 L	4	7.	VIY 10 19 85	to Ore.	10	10 87	that (<u>I</u>) (we] last
Z.	1 1 1 1	1	220.1 certify that (1) (this has			87	nd that in (my) (aur) opinion	dooth occurred on the d		., 19 <u></u>	that (b) (we) last
-	and the	20	saw the deceased alive obave, (1) (we) (did) (did	not view the bod	y after death.			occorred on the d	ate and no		
8 8	T D V C		22b. SIGNATURE	1 1 7	de a		DEGREE ATTENDING	_ MEDICAL STA	FF	22c. DATE	· F 7
3	3855			4 9. 7	17-		PHYSICIAN	DIRECTOR PHYSIC	IAN 🗌	12-11	
25	A A A A A		22d. PHYSICIAN'S NAME (TYPE	_				Frederick		#213	
Ŧ	10 F C C C C C C C C C C C C C C C C C C	1	Fr.NIS J	. MI	170		Goit	heriburg.	40.	2087	7
5	F + 2 1 3	23a E	BURIAL, CREMATION, REMOVA	AL 23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	SP		Burial		.5-87 M	t+ 2.i.c	n Cemetery	Gaithe	cshu	ra. Mor	ata. MD
		24. FL	UNERAL DIRECTOR				25e. DA1	E REC'D. BY REGISTRAR	25h REGIS	TRAR'S SIGNAT	TURE
DHA	AH - 16 60M 7/B4 (VRA 15, 4)	G	eorge R. Sno	owden	RockVill	le. N	ID 20850 FC	1 5 1987	ulia d	conductive by	-dock
	[4117 13, 4]	0	Corde It. Dir	JVICELL	100011 4 2 3			1000			

George R. Snowden



DIVISION OF VITAL RECORDS,

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CARL DOVE CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME 20. DATE OF DEATH MONTH DAY YEAR 2b. HOUR (TYPE OR PRINT) 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE 5. DATE OF BIRTH MONTH MALE WHITE DAY YEAR AUGUST 20,1913 TO BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED VIRGINTA USA WIDOWED MONTGOMERY 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION IND WALTER REED TYPE OF WORK FOR MOST OF WORKING LIFE! ROCKVILLE CARPENTER HOSPITAL USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE M36 CITY OR TOWN MD. MONT. GAITHERSBURG YES X NO [109 WOODLAND ROAD 20877 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST FIRST MIDDLE MIDDLE LAST BENJAMIN DOVE SARAH LOWRY ADDRESS 17 INFORMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Poges puo (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) YES ${ t WWII}$ MABEL SAME AS # 13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for to), (1) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse (o), stoting oth underlying couse lost ö NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION 190 ATE OF OPERATION 191 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 STOPSY 20b. IF YES, WERE FINDINGS USED à. IN CERTIFYING CAUSES OF DEATH? be NO YES [Aygie 71a. ACCIDENT WAS UNDERLYING **716 TIME OF INJURY** 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH entol MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY ö CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE 22a.1 certify that (I) (the hospital) attended the deceased from, sow the deceased alive on_ and that in (my) (seen) opinion death occurred on the date and hour and from the causes stated above, (1) (we) toled (did not) view the body after death DIRECT DEGREE 22c DATE SIGNED MI STAFF * ATTENDING MEDICAL be o. FUNERAL ORTANT PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS IAN'S NAME d b MD 23d LOCATION

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

MURIEL H. BARBER

23a BURIAL, CREMATION, REMOVAL

ISPECIBURIAL

24 FUNERAL DIRECTOR

LAYTONSVILLE, MD. 20879

23b. DATE

DEC.9,1987

23¢ NAME OF CEMETERY OR CREMATORY

ST. LUKE'S LUTHERAN

REDLAND

MONT.

1. () 27 E S 2 M E 3 D 27 ×

FOR

JAN

and completely filled in by the funeral director, page 3 ages 1 and 2 should be filed within 72 haurs after death

TO FUNERAL DIRECTOR: After this certificate has be

should be detached for use as the burial-transit permi with the State Dept. of Health and Mental Hygiene pr IMPORTANT: If them 21 is marked an themal 8 shows on

OR ATTENDING PHYSICIAN: The low

etoined by the hospitol or

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL

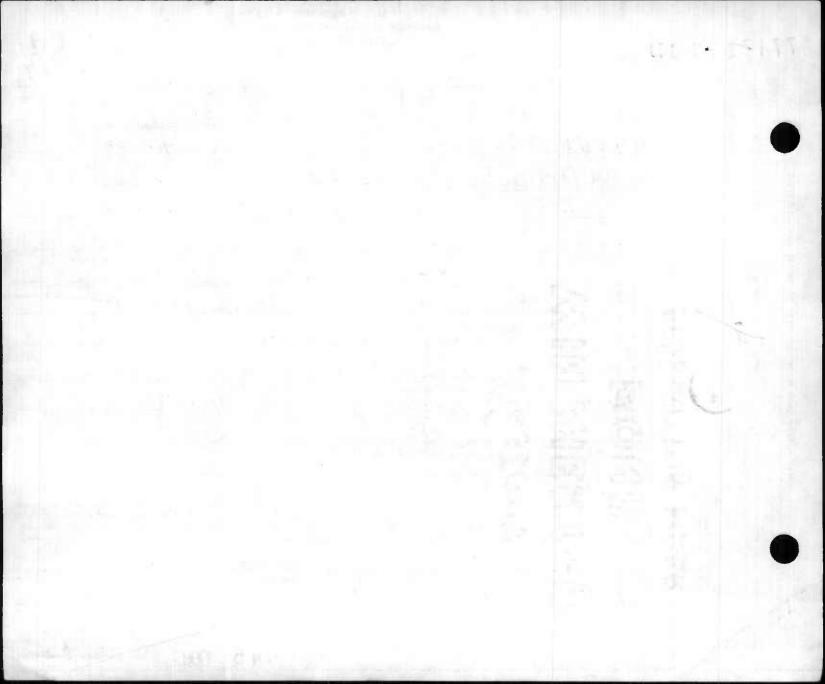
moy be

executed within 24 hours ofter

STATE OF MARTLAND	STATE	OF	MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	88	STATE REGISTRAR			OLI ARTI	CERTIF	ICATE OF I	DEATH	8	REG. N	10. 3	0	1	1	9
٦		CEASED NAME	FIRST		MIDDLE	ı	AST		20. DATE C	OF DEATH	нтиом	DAY	YEAR	ZE HOL	JR 38
ı			COURTNE	EY F	COLAND		oule				12	31	87	9	PN
ı	3. SEX			4. RACE		S. DATE C		YEAR	6. AGE (IN	YEARS LAST OF	RTHDAY)	MONTHS	DER I YEAR	IF UNDER	R 24 HRS
J		Male		Blace	2	2	4	48		39	YRS				
	70. BIR	CUNTRYL (STAT	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER	MARRIED -	9. BALTIM	ORE CITY	OR COUN	TY OF D	EATH		
1	TH	Unida	d. W.I	Trun	idad	WIDOWE		VORCED [N	Lond	gom	en	2		ME
1	10 C11	TY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN	ADDRESS)	OR OTHER INS	TITUTION		L OCCUPAT			KIND O	F BUSINE	ESS OR
ı	Ta	Koma	- Park	Wash	ungton	Pode	rentin	<i>[-</i>		MECHA			ELF-I	EMPL	OYEI
1	13a. S	TATE	136 COUN	OTHER INSTITUTION.	GIVE RESIDENCE BEFOR		13d. INSIDE C		13e. STREET	T ADDRESS			CR	199	101
		RINIDAD	, W 1.		AROUCA		YES [NO 🗌		EASTER	IN MA	IN R	OAD 4	10	_
4	TA	THER'S NAME		AIDDLE	LAST			S MAIDEN NA	WE	MIDDLE			LAST		
4		STANLI			DOYLE			IID					CDONA		
7	171	/AS DECEASED E ES. NO OF UNKNOW! O	VER IN U.S. AR/	MED FORCES? WAR OR DATES)	166. SOCIAL SECU	JRITY NO.	17. INFORMA	NI SIST	ER-IN-	·LAWDDR	ESS 221	12 H	ANNO	N ST	•
1	N	0			NIA		JANET	DOYLE		HYA	TTSV			2078	
1		18 CAUSE OF D	EATH (Enter on	y one couse per	line for (a), (b), an	id (c).)	-001	. 11					BETWEEN C	NATE INTER	DEATH
ı		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) INTRACEREBRAL HAEMORRHAGE													
1		W 12		DUE TO, O	R AS A CONSEQU	ENCE OF	T								
ı		Conditions, if		(b)_	Cese	bra	LIN	Jarch,				_			
1		couse (a),	stoting the	DUE TO, O	R AS A CONSEQU	ENCE OF						1-			
		underlying cause lost (CARDIOMYOPATHY													
	NO	PART 2 OTHER		ONDITIONS CO	A Inc	DEATH BUT	HEN LA		Trial		laho		PART IIO		
	CERTIFICATION	19a. DATE OF OP	PERATION	19b. COND	TION FOR WHICH		N WAS PERFO	DRMED	20a AU1	TOPSY?			RE FINDIN		
	TIF		Ma		1/a				YES X	NO		YES	CAUSES	NO [
7	CER		S UNDERLYING	216. TIME C				JURY OCCUR	RED (ENTER	NATURE OF INJ	URY IN ITEM I	8 PART I O	R PART 2)		
			MEDICAL EXAMINER		M. MONTH PAT YEAR			Ma							
	MEDICAL	214. INJURY OC		21e. PLACE	ACE OF INJURY					C.T. O. T.	0		OUNTY		STATE
	¥	WHILE ON TOWHILE O (AT HOME STREET, FACTORY OF MCET ALLET) STREET WAS CITY OF TOWN								Doren		STATE			
1		,		401	e deceased from	17	26	198_/	to	15	431	19.8	,	that (II (,,
1		sow the de obove, (I) (v	ceased alive an ve) (did) did no	Vview the body	ofter death.	T. 01	nd that in (my)	(our) opinion	death occur	red on the c	date and h	our ond	from the	couses st	oted
		226. SIGNATURE	11	100			DEGREE	ATTENIONIC	ALEDICA:	. CT.		2	PATE :	SIGNED	
			100	1				PHYSICIAN E	MEDICA	R PHYSI	ICIAN				
1		22d. PHYSICIAN	S NAME (TYPE OF	PRINT)			22e ADDRES	S WAS	BHING	GTON	ADVO	SWIT	STHO	SPI	ML
1		15.0	OSHI	M·I)			TAKO	MA	PARIC	. NI	a . :	20	112	-	
		URIAL, CREMATI	ON, REMOVAL	23b. DATE	23ς.	NAME OF C	EMETERY OR	CREMATORY		CATION		CON	NTY		STATE
	12		RIAL	JAN 7,	1988 AR	OUCA A	ANGLECA	N CEM		NIDAD	ST.	GEO	RGES	W.I	•
	24 FU	INERAL DIRECTO	FRAN	CIS J.	COLLINS,	JR.		25e. DAT	E REC'D. BY	REGISTRA	R 25b. REGI	STRAR'S	SIGNATI	URE	
	5				ILVER SP		MD 209	01 JA	N 5	1988	Brake	a Bo	mdun-	Zhod)	ARE



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STATE OF MARYLAND

DEPA	RTMENT	OF	HEALT	H AND	MENTAL	HYGIEN
	CE	RT	FICAT	E OF	DEATH	

1 -	STATE	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 7	36160				
10	REGISTRAR			REG. N	0.				
10	COMED NAME FIELD	MIDDIE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR				
Tall His	FIEC	10	andered		12 687 11 AM				
SEX		4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	MONTHS DATE HOURS MIN.				
	FEMALE	WHITE	MONTH DAY YEAR 12 10	76	YRS 11 19				
	ETHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH				
Mark 1	ennsylvania	WSA	WIDOWED DIVORCED	mar	MOTORIETY NO				
0.CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATI					
2.5	Hreger	Sular	re port	House wit	Home				
SUA St. S	TATE 1136 COU	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		13. CTREET ADDRESS	20854				
Rn.		Genera POTOMA	/		Coldstream Drive				
A. FA	THERS NAME	1	15 MOTHER'S MAIDEN N						
	Israel	Mille Mille	FIRST	MIDDLE	IAST				
An M	VAS DECEASED EVER IN U.S. AF			ADDRE	SS				
	ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	Elizabeth		- 7.				
_	NO N/	A 578 50	9974 - Baer	1706 Care Strene	y Dr. Votrosce, lust				
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line far (a), (b), and	dicity of PI		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	IMMEDIA	core	4far.						
		151.00							
	Conditions, if any, which	13 925.							
	gove fine to immediate								
	underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF								
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1 a				
2	THE CHILD OF THE CHILL	GOLINIO TO CONTINUO TETO TO C	. 0	The process of con-	Silver Original real				
8	Essectial 17	takerteren .	Werner / Med 1.	w Sorten					
ATION		19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	N fection	20h IF YES, WERE FINDINGS USED				
FICATION	Encutial 17	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY2	706 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
ERTIFICATION	M DATE OF OPERATION	196 CONDITION FOR WHICH Genguese M	OPERATION WAS PERFORMED	YES NO NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO				
CERTIFICATION	110 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH Penguene M 276. TIME OF INJURY	OPERATION WAS PERFORMED	200 AUTOPSY2	IN CERTIFYING CAUSES OF DEATH? YES NO NO				
CAL CERTIFICATION	M DATE OF OPERATION	196 CONDITION FOR WHICH Genguese M 216. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED FOOT of Leg	YES NO NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO				
EDICAL CERTIFICATION	110. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	196 CONDITION FOR WHICH PENGUESE M 216 TIME OF INJURY HOUR AM. MONTH DA P.M. 216 PLACE OF INJURY	OPERATION WAS PERFORMED FOOT JEG 216. HOWLINJURY OCCU AY YEAR 19 211 LOCATION	200 AUTOPSY? YES NO NO NRED (ENTER NATURE OF INJUI	IN CERTIFYING CAUSES OF DEATH? YES NO				
MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	196 CONDITION FOR WHICH Genguese M 216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	OPERATION WAS PERFORMED FOOT JEG 216. HOWLINJURY OCCU AY YEAR 19 211 LOCATION	YES NO NO	IN CERTIFYING CAUSES OF DEATH? YES NO				
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE THE NOTIFY MEDICAL EXAMINE HILE NOT WHITE WORK AT WORK	196 CONDITION FOR WHICH PENGINE M 276 TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F.	OPERATION WAS PERFORMED FOOT of Leg AY YEAR 19 211 LOCATION STREET 19 10/15 1946	200 AUTOPSY? YES NO NO NERRED (ENTER NATURE OF INJUI	IN CERTIFYING CAUSES OF DEATH? YES NO				
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE OF THE WORK NOTIFY MEDICAL EXAMINE OF THE WORK NOTIFY O	196 CONDITION FOR WHICH PENGINE M 276 TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F.	OPERATION WAS PERFORMED FOOT of Leg AY YEAR 19 211 LOCATION STREET 19 10/15 1946	YES NO NO NO RRED (ENTER NATURE OF INJUI	IN CERTIFYING CAUSES OF DEATH? YES NO				
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE OF THE WORK NOTIFY MEDICAL EXAMINE OF THE WORK NOTIFY O	196 CONDITION FOR WHICH PENGINE M 276 TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F.	OPERATION WAS PERFORMED FOOT of Leg AY YEAR 19 211 LOCATION STREET 19 10/15 1946	YES NO NO NO RRED (ENTER NATURE OF INJUI	IN CERTIFYING CAUSES OF DEATH? YES NO				
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE MILE NOT WHITE WORK AT WORK 22a 1 certify that (1) (this hosp above.(1)) /we (did) (did notify)	196 CONDITION FOR WHICH PENGINE M 276 TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F.	OPERATION WAS PERFORMED FOOT 216. HOWLINJURY OCCU AY YEAR 19 211 LOCATION STREET DEGREE ATTENDING	YES NO RRED (ENTERNATURE OF INJUING TO TO TO TO MEDICAL STALL	IN CERTIFYING CAUSES OF DEATH? YES NO				
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE MILE NOT WHITE WORK NOT WHITE AT WORK 22a I certify that (1) (this hosp above.(1)) /we (did) (did notify)	196 CONDITION FOR WHICH PENGLESSE MA 276 TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F.	OPERATION WAS PERFORMED FOOT 216. HOWLINJURY OCCU AY YEAR 19 211 LOCATION STREET OUT 19 #6 DEGREE ATTENDING PHYSICIAN 272 ADDRESS	YES NO MARRED (ENTER NATURE OF INJUINATION OF INJUI	IN CERTIFYING CAUSES OF DEATH? YES NO				

230. BURIAL, CREMATION, REMOVAL BUTT 1 a 1

23b. DATE 8,1987

731 NAME OF CEMETERY OR CREMATORY (3) LOCATION Brai Israel Cemetery

Maryland

74 FUNERAL DIRECTOR I VES-Pearson Funeral Homes
NAME Falls Church, ADONA. 22046

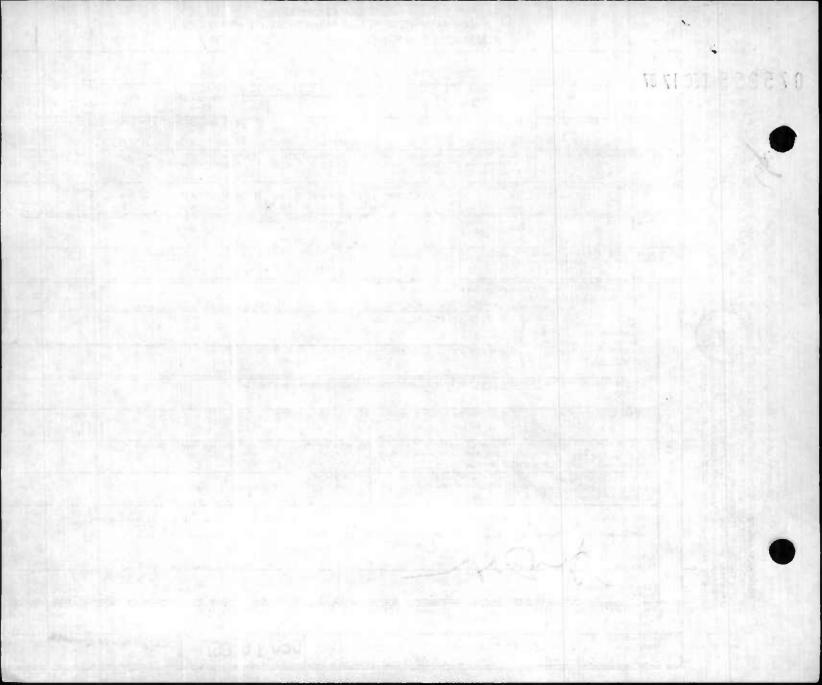
150 DATE RECID. BY REGISTRAR 136. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

ORTANT, If In

THE PROPERTY AND ADDRESS OF THE PARTY.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20 DATE KNOWN X TYPE OR PRINTS OF ESTI-PECESSARY, PLASS.
WITHIN 22 HOUS.
PRESTON STREET,
DOTTOR BARBARA DUKE DEATH MATED 1119 87 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2d HOUR DELAY IS NECESSARY, PLE TO THE FUNERAL DIRECTE N PAGE 5 FOR YOUR FIL BEREILED, WITHIN 72 HOL 2c. DATE LAST BIRTHDAY caucasian May 27 1965 PRONOUNCED 2:20 Female DEAD 1119 87 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland United States WIDOWED DIVORCED Montgomery County ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY 19534 Crystal Rock Dr. Germantown Homemaker Own Home RETAIN HOULD USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 20874 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES [19534 Crystal Rock Dr. Apt.23 Maryland Montgomery Germantown 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Walter Murphy M. Jr. Frances Trojano 7 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Warren A. Duke Same as 13e 213 90 0422 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Contact gunshot wound of left chest (handgun) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. ED AS A BURIAL HEALTH AND M PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID USED AS OF HEALT 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 0 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HIS BALTIMORE, MARYLAND, 21201 PRIOR, TO BURIAL, Body Only 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING P.M. 12-11- 19 87 Self-inflicted. CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY LATHOME 21f LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OF TOWN STATE AT WORK AT WORK home 19534 Crystal Rock Dr., Germantown, MD Montgomery 22a I certify that I took charge all the remains described above, held an Inspection and in my apiniar Suicide X death resulted fram Accident Hamicide . Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL Deputy Chief 12-12-87 SIGNATURE EXAMINER'S NAME 111 Penn St., Balto., MD Ann M. Dixon, M.D. 21201 (TYPE OR PRINT) December 31. NAME OF CEMETERY OR CREMATORY 23d LOCATION 15, 1987 Burial Fort Lincoln Cemetery 07/84 Brentwood Prince George MD 24 FUNERAL DIRECTOR NERAL DIRECTOR
NAME ROBERT A. Pumphrey Pumeral Home/Rockville **DHMH - 17** (VR A15 ME (5)) Inc. 300 W. Montgomery Ave. Rockville, MD 20850



ATTENDING PHYSICIAN, The

stoined by the hospital or to Funekal Director. should be detached for us with the State Dept. of Her IMPORTANT, If Hem 21 is

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

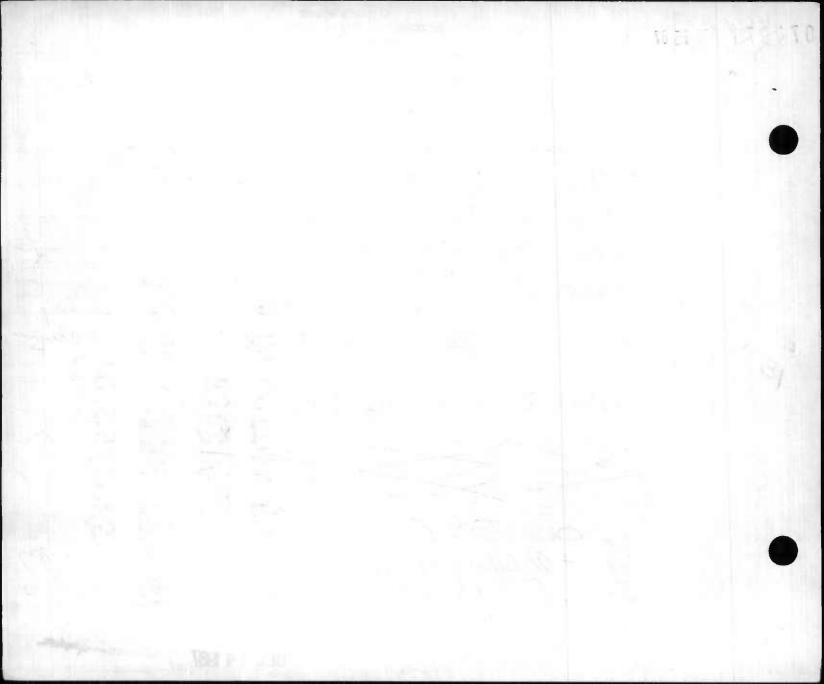
TO HOSPITAL

II, filled in by hould be file

STATE OF MARYLAND

3	REG. NO.	3	6	10.7%	6	
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1	87 FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 8 7REG. NO. 3 6 4 6							
	DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	AY YEAR 26 HOUR				
1	Helen	В.	Durand	December 9, 1987	5:45p M				
3	I. SEX	4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS				
	Female	Caucasian	October 29, 193	1 56 YRS					
77	70. BIRTHPLACE (STATE OF FOREIGN	16. CITIZEN OF WHAT COUNTRY	MARRIED XX NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH				
	Washington D.C.	United States		Montgomery Cou	ntv MD.				
4	O CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR				
1	Bethesda	Suburban Ho		Meat Wrapper	Giant Food				
1	USUAL RESIDENCE (IF NURSING HOME O				C				
		tgomery Rockvil		13e. STREET ADDRESS 14226 Lane/ 20853	Greenspan				
(I	4. FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN		LAST				
)	Henry	C. Jacob	es Beatric		Paul				
1	60 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS					
Т	(YES NO OR UNKNOWN) (IF YES, GI	577-40-2		and 26 Parsons Gro 832 (Daughter-In-L					
F	IL CAUSE OF DEATH (Enter o			ODZ (Dadyneer In h	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
1		only one cause per line for (a), (b), on ED BY. ATE CAUSE (a)	erial seosi	9	7 Days				
	IMMEDIA		EUGE OF	C	OP				
	Conditions, if any, which	DUE TO, OR AS A CONSEQU	autract i	nfection	2 days				
ı	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU			-				
1	underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF O		The Control of the Co				
1	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT REVALED TO THE TE	RMINAL DISEASE OR CONDITION GIVE	N IN PART Tra				
1	2 Diale	les melli	true for 5	Syears					
٦	TIO NCCOUNT WAS UNDESCRIBED ON	1% CONDITION FOR WHICH	HOPERATION WAS PERFORMED	10g AUTOPSY? 20h IF YES,	WERE FINDINGS USED YING CAUSES OF DEATH?				
1	E NO			The state of the s	D NO				
1	21a ACCIDENT WAS UNDERLYING .		DAY YEAR THE HOW INJURY OCC	JRRED (SNITS HATUS OF HUNRY SKITCH IS AN	MI - CRAWL II				
1	OR CONTRIBUTION OF DE	A I I	19	NO.					
ı	WEDICAL A SALDARY OF CRIEBED SALAN SALA	THE PLACE OF INJURY	TH LOCATION	CITY OF 10WN	CANADA CANADA				
1				CHA CM LITAMA	COUNTY STATE				
н	AT SCALE AT STORE			Cir da louis	COUNTY STATE				
1	Al scott	nital) attended the degrated from	aug 1986	4 to present	P that (f) (we) last				
١	22s.t certify that (I) (this hosp saw the deceased give or	nitol) attended the deceased from	aug 10.80	to	9, that (I) (we) last				
l	22s.t certify that (I) (this hosp saw the deceased give or	sital) attended the decrased from	aug 10.80	4 10 preside	9, that (I) (we) last				
	22s.1 certify that (I) (this house saw the decreased-alive or opense (I) we'll did 2 did n	nitol) attended the deceased from	oed hat in (my) (out) opinion DEGREE	to	that (I) (we) last and from the causes stated				
	22s.1 certify that (II (this hosp saw the deceased alive or obtain (I) level diel baid is 27s. SIGNATURE	nitol) attended the deceased from	and hat in (my) (our) spinit	to	thor (I) (we) last and from the causes stated				
1	22s.1 certify that (II (this hosp saw the deceased alive or obtain (I) level diel baid is 27s. SIGNATURE	nitol) attended the deceased from the source of the source	DEGREE ATTENDING	to	thor (I) (we) last and from the causes stated				
	22s. I certify that III (this hosp saw the deceased alive or obothe (I) well did itsid in 22s. SIGNATURE 22s. PHYSICIAN'S NAME THE AMES I	or of the deceased from the de	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	The fit (we) last and from the causes stated 22. DATE SKONED Ballieski, AB				
- 2	220 Certify that III (this house the deceased alive of above (1) we close that are a second alive of above (1) we close that are a second alive of above (1) we close that are a second alive of	on the body of the deceased from the body of the body	DEGREE ATTENDING PHYSICIAN ADDRESS NAME OF CEMETERY OR CREMATOR MOUNT HETMAN	MEDICAL STAFF DIRECTOR PHYSICIAN D Y 23d LOCATION CITY OF TOWN	P				
1	22s. I certify that III (this hospital with discount of the original or	of view the body offer death. M. M	DEGREE ATTENDING PHYSICIAN NAME OF CEMETERY OR CREMATOR MOUNT HERMAN hurch Cemetery	MEDICAL STAFF DIRECTOR PHYSICIAN	Real Stones State County State Virginia RARS SIGNATURE AND				



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oth. Page 4 may be

STATE OF MARYLAND

	1-	STATE REGISTRAR		DEPARTN		ICATE OF DEATH	E) "/		6 1	6	3
4	I. DEC	CEASED NAME FIRST	AA.	IDDLE		AST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR	R
ı	{TYPE	OR PRINT) Althea		Α.	Ec	cles	December 1	2, 1987	7	9:00	
Ì	3. SEX	(4. RACE Caucasian		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS				
1	F	Female			Feb. 23, 1905		MONTHS DAYS HOURS MIN.				
ı	7a. BIF	RTHPLACE (STATE OR FOREIGN		VHAT COUNTRY?	1		1. BALTIMORE CITY O	R COUNTY C	F DEATH	1	
		OUNTRY) Ouisiana	United	States		D NEVER MARRIED	Manhaanan				
4		TY OR TOWN OF DEATH	11. NAME OF H			DR OTHER INSTITUTION	Montgomer	ON	12h KIND C	F BUSINES	SS OR
4		ethesda	Fernwoo	d House			Deamorters		Repres	entat	ives
2	13a S	TATE 13b. COU	NTY	13c. CITY OR TOWN Potomac		13d. INSIDE CITY LIMITS? YES NOX	13e.STREET ADDRESS . 10316 Demo		Lane/2	0854	
		THER'S NAME Andre	MIDDLE	ceneaux		15 MOTHER'S MAIDEN NAM	ME		Devel		
1		VAS DECEASED EVER IN U.S. A		166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRE	SS			
1	(4	(ES, NO OR UNKNOWN) {IF YES, G	IVE WAR OR DATES)	220-32-68	331	Althea E. Wal	llace, same	as #1:	3		
ı		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)								IMATE INTERV	VAL
1	24	PART I. DEATH WAS CAUSED BY: Respiratory Arrest							DETWEEN	DINSET AND C	ZEATH
		DUE TO, OR AS A CONSEQUENCE OF									
1		Conditions, if any, which	DUE TO, OR	AS A CONSEQUE Pneumo							
		gove rise to immediate									
1		couse (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF Alzheimers Disease									
	9	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							1 1 1 1 1 1 1 1		
	NO NO	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CO</u>	NIKIBUTING TO L	EAIN BUI	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	Y IN PART III	D	
)	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITIO		TION FOR WHICH OPERATION WAS PERFORMED		20a AUTOPSY?	1906 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
20	STIF						YES NO	YES		NO 🗌	
1		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	410410 4 1	MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)		
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED	P.M 21e. PLACE C		19	211. LOCATION					
	MEC	WHILE NOT WHILE AT WORK	(AT HOME, STRE	ET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	51	TATE
1		22a.l certify that (1) (this has	oital) attended the	deceased from	July	7, 19 86	December	12	87	that (I) (w	ve) lost
1		saw the deceased alive a	Decembe	r 1 19 E	, 01	nd that in (my) (aur) apinion (death occurred on the d	ate and hour o	and from the	causes sta	ted
		226. SIGNATUR	Q			DEGREE	=		22c. DATE	SIGNED	
		Deoge Drave m					MEDICAL STA	IAN 🗌	12/3	13/87	
		22d PHYSICIAN'S NAME STYPE	OR PRINT)			27e. ADDRESS 916 19	oth Street,	N.W.			
		George W.	Graves,			Washin	ngton, D.C.		5		
		URIAL, CREMATION, REMOVA	23b. DATEDE	C. 23c. N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY		
		remation	13, 19	007		ery Crematoriu			county		D
	24 FU	INERAL DIRECTOR Rober	t A. Pumi				E REC'D. BY REGISTRAR	25h REGISTRA	ARIS SIGNAT	NIRE	1
	Be	thesda-Chevy C thesda, Maryla	hase Ind	7557° v	iscor	asin Ave. DEC	1 6 1987	ولم تعنادان	corder . K		

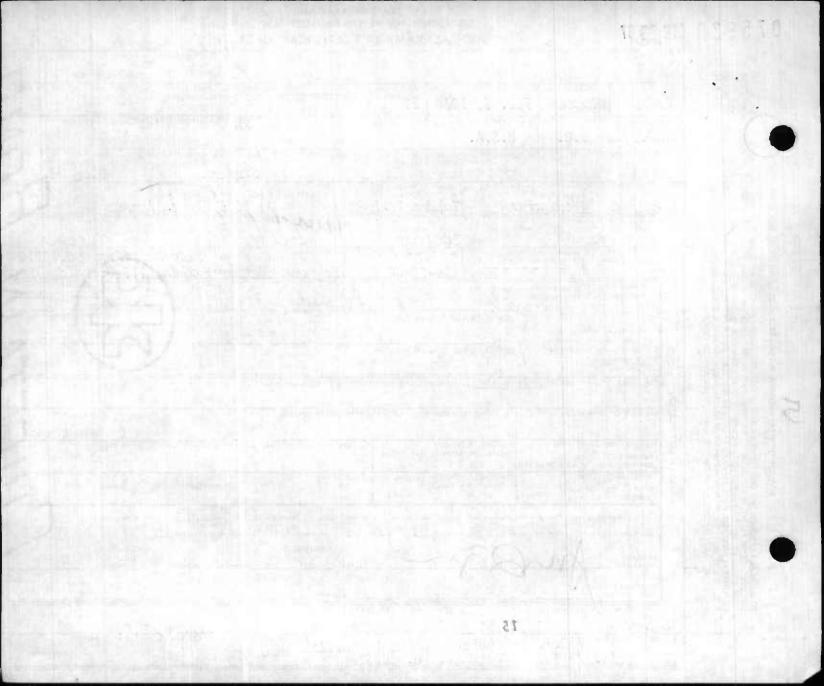
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is morked at them 18 shows any injury, or other troumatic event, the

MATERIAL PROPERTY.

STATE OF MARYLAND



BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE	OF	MARYLAND
W F F T F E	••	ILLIANCE PROPERTY

0.77	1-	FOR STATE REGISTRAR	DEPAR		EALTH AND MEN		0	G. NO	6 1	6 5
EC !		PRINT)	TE IOLA	EDUA	Reard	5	20 DATE OF DE	ATH MONTH	DAY YEAR 26	908pm
	3. SEX	* temale	4 RACE	S. DATE O	F BIRTH	YEAR 5	6. AGE (IN YEARS)	LAST BIRTHDAY)		UNDER 24 HPS OURS MIN.
35	- 0	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY USA	? 8 MARRIED WIDOWE	NEVER MAR		9 BALTIMORE C	GOMER	Λ.	ty MD.
8	10. CI	luer Spring	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH BACILITY, GIVE STREET COSS	ET ADDRESSI	ROTHER INSTITU	TION	120 USUAL OCC (TYPE OF WORK FOR HOME N	MOST OF WORKING LI	126 KIND OF B INDUSTRY Own	
5	13a S	STATE TISE COUN	tgomery Silve	PRE ADMISSION OF SPT				RESS / ZIP CODI Dougla	s Ave./	20902
	14. FA	ather's name Enock	MIDDLE Garner			athe	rine "	Jane	Wi:	lliams
the medico		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 213-38		Mabel	Ε.	Kennon	(Dau)	-Same	
event, m			nly one couse per line for (a), (b), o D BY: TE CAUSE (a)	and K.	unor	ies			BETWEEN ONS	ET AND DEATH
njury, or other troumotic	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO	UENCE OF	NOT RELATED TO	THE TERM	IN AL DISE ASE OF	R CONDITION GIV	VEN IN PART 110	
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORM	ED	YES NO	IN CERTI	S, WERE FINDINGS FYING CAUSES OF ES	S USED DEATH?
E C	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJUI	RY OCCURR	RED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 21	
is morked or Item	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	E FARM ETC)	211 LOCATION STREET		Cil	TY OR TOWN	COUNTY	STATE
		220.1 certify that (1) (this hospi	ital) attended the deceased from 1 1 19 19 19 19	1.00		19	deoth occurred or	n the date and har	ur and from the cou	
Tr. H Her		226. SIGNATURE	res	N	PHY	NDING	DIRECTOR	STAFF PHYSICIAN	19 X	MO)
MPORTANT: If Hem 21		MICHAEL C	er bourh me	2	11/20 X	cu H	augy bre	An II	12/2019	04
2		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			emetery or cre	erv	23d LOCATIO CITY OR TO Wald	orf. Ch		Marylar
7/84		untt Funeral		ox 15	6 d 20601	1 11-1	C 22 19	STRAR 256 REGIS	FRAR'S SIGNATUR	endass.

And States of the second secon

injury, or other troumatic ev

IMPORTANT: If them 21 is marked or them 18 shows ony

STATE OF MARYLAND

	1-	STATE REGISTRAR		CERTIF	ICATE OF DEATH	8 REG. NO.	6 1 6 6
	LDB6	PASED NAME FIRST	WIODIE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
	HITTE	RAYM	DND Thadde	us E	DWARDS	12 -	-31-1987 435pm
	3. SEX	(4. RACE	5. DATE (6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
		MALE	Caucasion	MONT	- 25- 1913	74 YRS	
1		RTHPLACE (STATE OF FOREIGN)	76 CITIZEN OF WHAT CO		Y. =	9 BALTIMORE CITY OR COUN	
100		lest Virginia	U.S.A.	MARRIE		MINITERNE	RY COUNTY
		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL			120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
/	TA	KOMA PARK	WASHING TO A	AN ILEAT	IST HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING Meatcutter	Safeway
-	USUA	AL RESIDENCE (IF NURSING HOME OR		NCE BEFORE ADMISSION)	13/ 11031/1112	incutcutter .	Saleway
5	100	ryland Pr. G		OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	
-	_	THER'S NAME	eor. Hyat	tsville	YES NO 1	3328 Lancer [Orive 20782
1	6	FIRST	THE SELECTION OF THE SE	LAST	FIRST	WIDDLE	LAST
-		narles		lwards	Laura	В.	Walker
7	. (Y	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOC	AL SECURITY NO.	17 INFORMANT	ADDRESS	
and the second	Ye	s WW1	1 577-	09-7440	Helen Edwar	ds Same as Li	ne #13
		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CO	CONGEST	INE HEART		
	N O	PART 2 OTHER SIGNIFICANT C	CONDITIONS <u>CONTRIBUT</u>	ING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION (SIVEN IN PART TIO
7	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
1		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART OR PART 2)
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220 I certify that (I) (this hasping sow the deceased alive an abave, (I) (we) (did) (did no 22b, SIGNATURE	DZC 31	h. 19 87, or	nd that in (my) (our) opinion	2 to DEC 71 death occurred on the date and h	
			hilden	C 6	THISICIAIT	MEDICAL STAFF DIRECTOR PHYSICIAN	22¢ DATE SIGNED
		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS	- 11	11 1 111 2 2
		MARK K L	I		1721 UNIVERS	ATY BLUD W, h	Vhector MD20902
		URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

Gate of Heaven Cem. Silver Spring Montgomery Md.

4739 Baltimore Ave. 250 DATE REC'D. BY REGISTRAR'S SIGN OF THE PROPERTY OF T Hyattsville, Md. Francis Gasch's Sons,

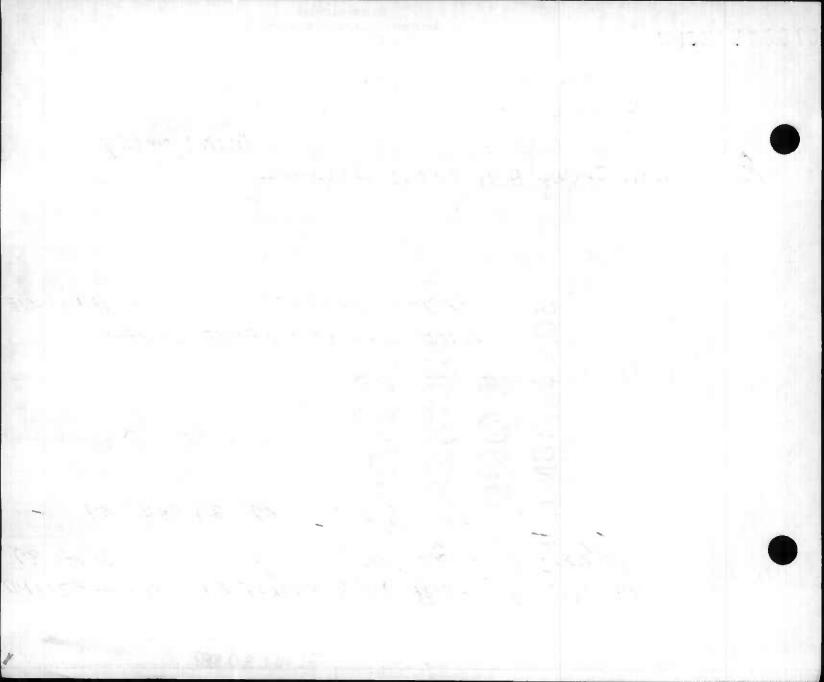
771		1	EOR		a-634, by M		MENT OF H		ARYLAN		YGIENE					
1112	245 NOV	31	GISTRAR	21/87, Gbj.			EXAMIN						REG. N	10. 5	-	6 7
		1 DE	CEASED NAME	F掖ST		MIDDLE			LAST		92	DATE I	KNOWN (X MONTH	DAY	TEAR 26 HOUS
	LET, LES.		,	Stepl	hanie	К.			Elin				MATED (11	1 19	87
	P. PLEASE DIRECTOR. DIR FILES. HOURS STREET,	fer		4.RACE Caucasiar	5. DATE OF BIRTH MONTH DAY Mar. 28	,1971	6 AGE (IN YEA LAST BIRTHDA 16 YR	Y) MONTH		IF UNDER:		C DATE RONOUN DEAD	CED	MONTH	1 19	87 13:1
	NATURE OF	7a. B1	RTHPLACE IST REIGN COUNTRY) aryland	ATE OR	76. CITIZEN OF W		ITRY?	2		VER MARRI	ED 🗀			orcount	Y OF DEA	тн
\$			ty or town o		11. NAME OF HOS	CILITY, GIVE S	TREET ADDRESS)	OR OTH			12a USUA		ATION (TY			OF BUSINESS
21201	2. AND 2. AND 3. REIV SHOULD CRECO	130. S	L RESIDENCE	IF IN NURSING HOME O	OR OTHER INSTITUTION, G	13c. CITY		IN)	T3d. INSIDE (I	NO [13e STREI	et addre:	ss rclif	f Rd.	,/208	52
E, MD.	PAN	14. F#	THER'S NAME Ronal	d	WIDDIE	El	TH		F	ER'S MAIDE	N NAME	М.	DDIE	rogh	LAST	
ALTIMO	ONINIZION O	lée V (Yi	VAS DECEASED	DEVER IN U.S. ARA	MED FORCES? WAR OR DATES)		1AL SECURITY -70-71		17. INFORA	MANT	Elir	n-fat	ADDRES	see #	13	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120	UTED WITHIN TO PENCIL III TE P		Candition gave ris cause (a) lying cou	ATH WAS CAUSED IMMEDIAT as, if any, which the to immediate stoting the under- se lost.	TE CAUSE (o)	AS A COM	ac arrhy NSEQUENCE C)F	OR CHARTIO	N CIUTA IN BAR					BETWEEN	XIMATE INTERVAL
AL RECOR	HOULD BE EXECTED THE MEDICAL USED AS A BUOF HEALTH AN RIAL, CREMATI	CERTIFICATION	190. DATE OF				WHICH OPERA	90.6			(1 () 0).				20 AUTO	OPSY?
ON OF VITA	CERTIFICATE SHOULD BE RITING THE WORD "PENDING THE WORD "PENDING THE CHIEF ARED TO THE CHIEF ARED TO SHOULD BE USED AS A EDEPARTMENT OF HEALTH OF PRICE TO BURIAL, CREATED TO THE SHORT OF BURIAL, CREATED TO THE SHORT OF T	AL CERTIFI	UNDERLYING	L CAUSE WAS		MONTH	DAY YEAR	21c HC	OW INJURY	OCCURRE	D (ENTER NA	TURE OF INJU	URY IN ITEM 11	8 PART I OR PAI	YES	₩ но 🗆
DIVISIO	HIS A A STATE	MEDICAL	21d INTURY O		21e PLACE		(AT HOME,		CATION			CITY OR TOW	VN.	COL	THIA	STATE
•	TO MEDICAL EXAMINER: THIS OF EXECUTE THE CERTIFICATE, WRIPAGE 4 SHOULD BE PORWARD TO FUNERAL DIRECTOR: PAGE AFIER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201		death resulte	ed from Notur	e of the remains der	Accident	Sym	17 4	Homic HITLE (S	PECIFY) stant	Undeter	Inquiry mined mo	nner	DATE SIGNE		/2/87
07/84	PAGE AFTER BALLER	23a.Bl	(TYPE OR PRIN URIAL, CREMAT PECIFY) Surial	ION, REMOVAL 2	ario F. G ^{3b DATE} Nov. 5, 1987	23c. 1	Jr, M NAME OF CEM te of I	ETERY O	RCREMATO	DRY	23d. LOC	ATION		coun		STATE
25M	DHMH - 17 (VR A15 ME (5))	24. FI	UNERAL DIREC	TOR Robert e, Inc. 3 ckville,	A. Pumpl	nrey	Funeral	Hom	e,	250. DATE R	EC'D BY F	REGISTRAL	25b REC	GISTRAR'S S	IGNATURE	

					Item 9	, 6640	6-14		EDARTA			ARYLAN		VOIENIE						
07	69	117	DEC	31	ATE COISTRAR					MENT OF I			CATEO				2 2	1	2	0
			1	1. DEC	EASED NAME	FIRST			MIDDLE			LAST	UNIT O		o. DATE KI	REG. N	L. A. Star	DAY	YEAR I	b HOUR
	9	3 S. S. S. F.	5/	[TYPE	OR PRINT)	Geor	rge	Lawi	rence		El	liot ^t			OF DEATH A	F211.	12-	-27 19	87	M
	20 >0	S NECESSARY, PLEASE FUNERAL DIRECTOR. ES FOR YOUR FILES. DO WITHIN 72 HOURS	ON SIRE	1		A RACE White	801	TE OF BIRTH	V	6. AGE (IN YEA 38 BIRTHDA YR	Y) MONTH	DER 1 YR.	IF UNDER		C. DATE RONOUNC DEAD	ED	мо́мт́н 12-	-27 ₁₉	YEAR 87	9.48W
) IEOEGG	WITHIN	25	F∯V	arylan	i	76 C Ur	ited St	tates	RY?	8. MARRI WIDOW		VER MARRII DIVORCE	ED [Monte		y Cou		TH	MD
	> > > > > > > > > > > > > > > > > > > >	PAGH	28			Spring	(1)		Cros	REET ADDRESS) S HOSP	ital	er institu	TION		AL OCCUPA ALOCCUPA		PE OE WORK	U ST	OF BUSI	NESS
	MD. 21201	AND 3 TO	36	13 MS	residence ry land	(IF IN NURSING HO	WE OR OTHER	RINSTITUTION GIVI	131Bell	EFORE ADMISSION TO THE PROPERTY OF THE PROPERT	(P)	13d. INSIDE (NO K	13ब् बाक्ट्र	36 ⁴⁰ (711)	rry	Hill	Rd.	204	2070
	WD	S 1, 2, PM 3, ND 2	3/		THER'S NAME		MIDD	LE		AST		E	R'S MAIDE	N NAME	MIDE	OLE		LAST	,	
	ORE,	388	124	2	eorge	STATE INTO C	A.		Elli				Ignes		Ty:			Ty	er	
	BALTIMORE,	W. GIVE. PAGES 1, WITH FORM PM. T. PAGES 1 AND SECURITY PAGES 1 AND SECU	2 / /	100. VV (YE	S. MOR UNKNO	DEVER IN U.S. WN) (IF YES, C	IVE WAR OR	DATES)	212-	AL SECURITY	8 8	Agnes	Mitc	hell	4502	ADDRESS Wic		Ave.	20	705
	VST.	MA 18 S	i .		PART I DE	F DEATH (Enter ATH WAS CAU IMMED	only one SED BY: IATE CAL	Bron	nchia	l Asth		W						APPR(BETWEET	NIMATE IN NONSET A	ITERVAL ND DEATH
	OI W. PRE	CKRITHCHE SHOULD BE EXCLOLED WITHIN 24 RRIING THE WORD "PENDING" IN PENCIL IN IT REDE TO THE CHIEF AEDICAL EXAMINER ALOI GE SHOULD BE USED AS A BURRAL. TRANSIT PE TE PREADMAINT OF LICATAL ARMAINT PE	4, OR REMOV.		gave ris	is, if any, wh te to immedia stating the <u>und</u> se last.	ate)	(b) DUE TO, OR A	AS A CONS	SEQUENCE C)F									
	RECORDS, 2	DING" IF	EMATIO	Z	PART 2 OTHER SIG	GNIFICANT CONDITIO	INS CONTRIB	(c)	UT NOT RELAT	ED TO THE TERMI	NAL OISEASE	OR CONDITION	N GIVEN IN PAR	tt 1 iai						
	VITAL REC	RD "PEN CHIEF ME USED AS	JRIAL, CR	CERTIFICATION	190. DATE OF	OPERATION		196. CONDITI	ON FOR W	/HICH OPER/	ATION W	AS PERFOR	MED?					20 AUT		по П
n	ONOFV	THE WO	Series Branch	CAL CERT	UNDERLYING	L CAUSE WAS	OF DEATH	216. TIME OF HOUR A.M. P.M.		DAY YEAR	21c. HC	W INJURY	OCCURRED	O (ENTER NA	TURE OE INJUR	Y IN ITEM 18	PART I OR PA			
1	DIVISION NOISION	CATE, WRITING FORWARDED 1	21201 PRI	MEDICAL	WHILE AT WORK			21e PLACE O STREET, EACTO		(AT HOME,		TATION TREET			CITY OR TOWN		CO	UNTY		STATE
		EXECUTE THE CERTIFICATE, WAS PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE A STEED DE ATTENTY THE STA	20		deoth resulte	y that I taak ch	arge of th	1777	ribed abov Arcident	7	Autops	Y XX Homic	PECIFY)	Undeter	Inquiry C		nd in my ap		00	07
	POICE.	A SHOUNERAL	MORE, A	2	ACTUAL SIGNATURE	NAME Max	cio E	Golle	Tr	Wo	<u></u>	D. ASS	istant	MEDIC	C+ I		DATE	D	-28-	8 /
	7	EXECUE PAGE	BATI	23a.BU	TYPE OR PRIN	ION, REMOVA	23b. DA		23c. N.	AME OF CEN	ETERY O		ORY	[23d. LOC	St., I		COUR	UTV	1201	
07 25	iΛΛ	DHMH - 1 VR A15 ME				on Ogwardt	4.	400 Dew Beltsvi	der N	ropoli Mill Ro Maryl	ad		DEC 3	EC'D. BY R	xandr egistrar 987		Fairf	ax V	irgi	nıa

UNIVERSITY BLVD W SILVER SPRING, MD 20901

(VRA 15, 4)

STATE OF MARYLAND



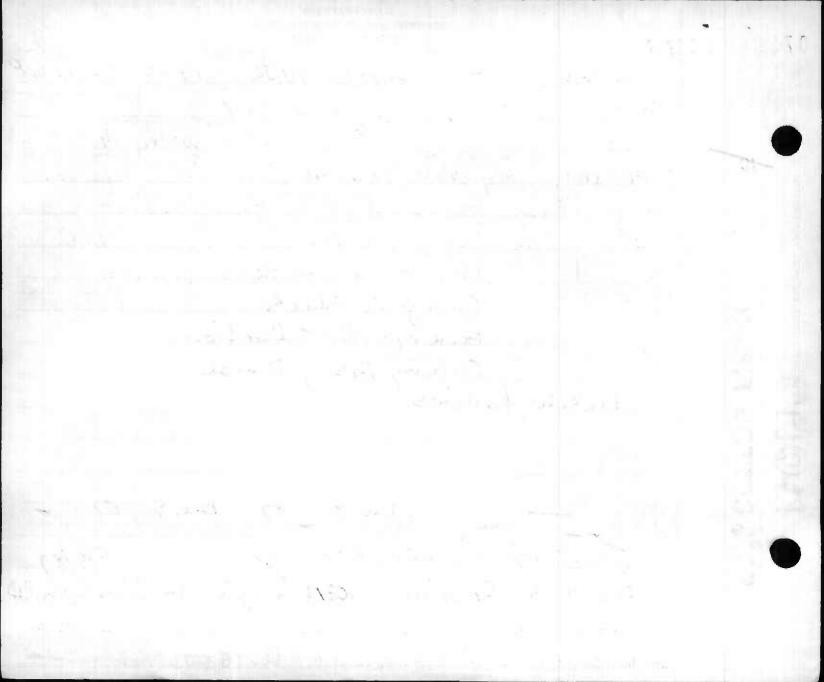
5 3 6 8 DEC 17	FOR STATE FEGISTRAR		DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 ŽEG. NO	361	7 0
1.	DECEASED NAME	FIRST MIDDLE	EA	19411192	20. DATE OF DEATH A	-9-87	12.45 M
tar. pag sefter de	SEX	4. RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTH		IF UNDER 24 HRS HOURS MIN.
70	BIRTHPLACE (STATE OR FOR	IGN 76 CITIZEN OF WHA	T COUNTRY? 8 MARRIE	V	9 BALTIMORE CITY OR		
	WASHINGTON, I	11. NAME OF HOSE	VIDOWE O		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	N 12b. KIND O WORKING LIFE) INDUSTRY	F BUSINESS OR
Service of the servic	Silver Spein	a Holy	LOSS RESIDENCE REFORE ADMISSIONS	spital	FIRE FIGHTE		D.C.
7 = 5		HOME OR OTHER INSTITUTION GIVE 13c. 10NTGOMERY SI	CITY OR TOWN	YES NO		ZIP CODE TON POINT DI	R. 20904
mpletely ond 2 sh	FATHER'S NAME FIRST CARL	MIDDLE F	ENGLING, SR.	15. MOTHER'S MAIDEN NA FIRST JUNE	AME	YOW	
	WAS DECEASED EVER IN	U.S. ARMED FORCES? 16b IF YES, GIVE WAR OR DATES)	SOCIAL SECURITY NO. 78-52-9470	17 INFORMANT	ADDRES	SS	
s that the death certificated by the attending physical lease remove carbon paperiol, cremation, or removal arother traumatic event, t	Conditions, if ony, we gove rise to immedicate (a), stating underlying cause	DUE TO, ORAS which (b) (b) (c) (c)	a consequence of Aconsequence of Aconsequence of	c Shock rdial Fufe Johns D	erction		
y.		ICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT		MINAL DISEASE OR COND	206. IF YES, WERE FINDIN	NGS USED
The law ician. The law ite hos b asit perm giene prosens giene gi	SI EC				YES NO	IN CERTIFYING CAUSES YES	OF DEATH?
	710. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURREI	EXAMINER) HOUR A.M.	MONTH DAY YEAR	ZII LOCATION	RRED (ENTER NATURE OF INJUR		
or otten or otten After the se os the leath and morked o	AT WORK AT WORK	(AT HOME, STREET, F	seased fram - D9	STREET	CITY OR TOV	c -	STATE
R ATTENI hospitol RECTOR: ned for us ept. of He	sow the deceased	olive on did not) view the body offer	19 0 / , o	nd that in (my) (opinion		te and have and from the	
PITAL By t Stote	22d. PHYSICIAN'S NAM	LE (TYPE OR PRINT)	Mun,	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF	IAN DIE	187
O o o o o o o o o o o o o o o o o o o o	Ja. BURIAL, CREMATION, RE	MOVAL 23b. DATE	CVIUD	EMETERY OR CREMATORY	LE LOCATION	- James -	2)0867,11

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR FRANCIS J. COLLINS, JR. 500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

DEC 12,1987 GATE OF HEAVEN CEM SILVER SPRING MONTGOMERY

1250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



DEC. 19, 1987

500 UNIVERSITY BLVD., W. SILVER SPRING, MD. 20901

24 FUNERAL DIRECTOR FRANCIS J. COLLINS JR.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

METROPOLITAN CREMATORY

VIRGINIA

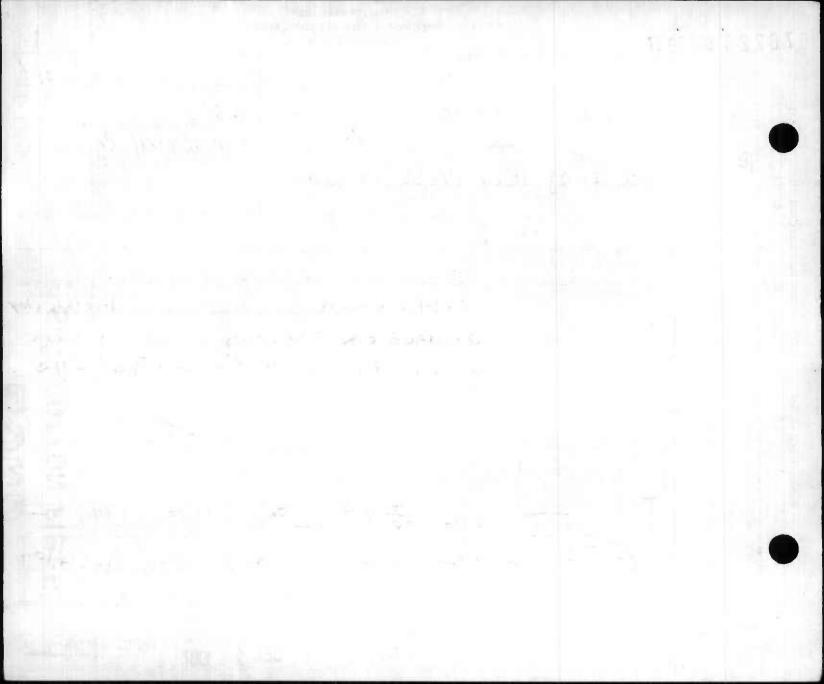
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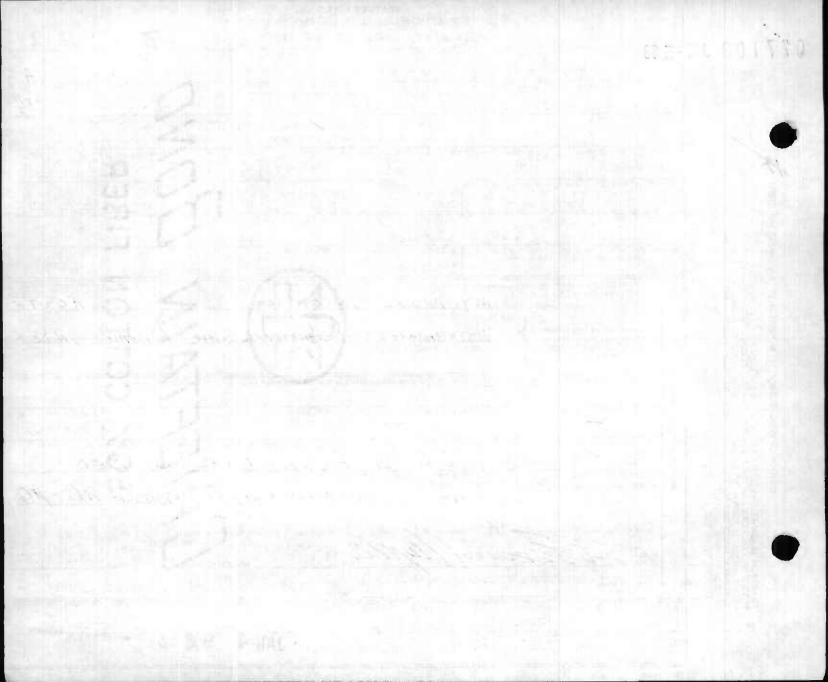
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#7b.per F.H. 2/4/88 kam

DHMH - 16 50M 1/81 (VRA 15, 4) CREMATION

BP.





076611 DEC	11.	FOR STATE PEGISTRAR				MENT OF	E OF MARYLAND BEALTH AND MENTAL HY CICATE OF DEATH		reg. No. 3	61	73
		ASED NAME	FIRST		WIDDLE		LAST	20. DATE OF D	EATH MONTH	DAY YEAR	26. HOUR
0 40			Mar	У	Т.	Fla	nnery		12	29 87	3:00AM M
0 44	1. SE		175	4. RACE	MIXE	S. DATE		6. AGE IN YEAR	S LAST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
1 11 5	1	emale		Whit	e	Ja	n.15°,190°9	78	YRS	MONTHS DATS	HOURS MIN.
2 11 11/1	70. BI	RTHPLACE (STATE OR	FOREIGN	16. CITIZEN O	F WHAT COUNTRY	? 8.	D NEVER MARRIED	9. BALTIMORE	CITY OR COUNT	Y OF DEATH	
1 15/2 %	Ne	w Jerse	y	USA		WIDOW			omerv		MD
17	10. CI	TY OR TOWN OF DE	ATH			NG HOME	OR OTHER INSTITUTION	12a USUAL OC	CUPATION		F BUSINESS OR
5 4 11 67		Olney		Montgo	mery Gene	ral Ho	ospital	Hous	ewife.	INDUSTRY	1100
ND 21	13a. S	ALRESIDENCE (IF NUR TATE W Jerse:	136 COUN	ITY	13c. CITY OR TO Elizab	WN .	13d. INSIDE CITY LIMITS? YES MO		DRESS / ZIP COD	venue	9999
1 12/01/0	PALES	THER'S NAME					15. MOTHER'S MAIDEN N	AME			
A 1 11/12	7	Frank		MIDDLE	Traver	S	Elizabet	h '	WIDDLE	Hurley	I
# 1 17		VAS DECEASED EVER				URITY NO.	17. INFORMANT 540	Washin	gatomas St	. Bond	Brooke
OW THE POST OF THE		N/A	(IF YES, GIV	E WAR OR DATES)	141 30	2889	Marybeth	Schleck	(Daught		N.J.
T. BAL		PART I. DEATH V	VAS CAUSE	ly one cause p D BY: E C AUSE (a)_	Cerel	nd (ch.)	nedusao	occi	tinele	BETWEEN	ONSET AND DEATH
NO W PRESTON S that the death or that the attention and senior diffic	1	Conditions, if any gave rise to im cause (a), stoti underlying cause	mediote ng the	(b)	OR AS A CONSEO						
RDS, 20 equires Them pl to bury, of	NO	PART 2 OTHER SIG	NIFICANT	CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	minal disease c	DR CONDITION GI	IVEN IN PART 10	3
L RECO	TIFICAT	19a DATE OF OPERA	MON	19b. CON	IDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPS	IN CERT	S, WERE FINDIN IFYING CAUSES 'ES []	
OF VIII. OF VIII. OF VIII.	CAL CES	210, ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	TH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATUR	E OF INJURY IN ITEM 18	PART I OR PART 2)	
WISION G PHYS Oftendin or the but the dot y	MEDIC	21d. INJURY OCCUR		21e. PLAC	E OF INJURY STREET, FACTORY, OFFICE		21f. LOCATION STREET		STY OR TOWN	COUNTY	STATE
O STENDEN ALL STENDE ALL STENDEN ALL STENDE ALL STENDEN ALL STENDE		220.1 certify that saw the decea abave, (1)	This hospi	1 1 1 1	~ ^	2 7	nd that in (my) your) apinio	n death accurred a	an the date and ha		that (D)(we) last causes stated
AL OR J AL DIRECTOR OF DISCOURTED		27h SIGNATORE	38	roBon	Do	We	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [12 DATE	SIGNED 9187
HOSPI FUNE PUNE PUNE PUNE PUNE PUNE PUNE PUNE P	1	221. PHYSICIAN'S N	1 1		ic, mo	,	22e ADDRESS	Sandy	some Re	enlo.	30832 MB.

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Burial 23b. DATE 1/2/88 231. NAME OF CEMETERY OR CREMATORY Mt.Olivet Cemetery

y Newark, New Jersey

14 FUNERAL DIRECTOR Hinesy Rinaldi 11800 New Hamp Awe.S.S.Md.

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

76827 DEC 31

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

\$1	REGISTRAR		CEKTIFIC	AIE OF DEATH	EG. N	0. 1)	0 1	1 4
	CEASED NAME FIRST	WIDDLE	LAST		to brite or beriii		DAY YEAR	26 HOUR
(14b	George	Elmer	Flath	er, Jr.	December 1	9, 198	37	5:00Pm
3. SE		4. RACE	5. DATE OF		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	White	0 6	18 18	69		MONTHS DAYS	MOURS MIN.
	SIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	V2 8		RAITIMORE CITY C		OF DEATH	
	ashington, DC	US	WIDOWED	NEVER MARRIED DIVORCED	Montgom	ery C	County	MD.
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR		12a USUAL OCCUPAT	ION	12b. KIND C	OF BUSINESS OR
G	aithersburg	9503 Duffer			Banker/1			ina
USU	JAL RESIDENCE HE NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BE	ORE ADMISSION)					1119
130.	MD. ISB COU	tgomeryGaithe		MES INSIDE CITY LIMITS?	13e.STREET ADDRESS 9503 Duff			79
14 F	ATHER'S NAME	Lyomer yGartine		MOTHER'S MAIDEN N		ET MG	Ly 200	19
	FIRST	MIDDLE LAST		FIRST	MIDDLE		Dog	tles
16.	George Elme			Mary	- ADDR	ESS	POS	cres
	(YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)		Car	olyn A. Flat			
Υе	s(USNavy) WW	11 5/9-20	-8879	Wite	Sam	e	- BRNAU	
		nly one cause per line for (o), (b),						MATE INTERVAL ONSET AND DEATH
	IMMEDIA	TE CAUSE (0) Septica	emia				30	hr.
	THE PARTY OF	DUE TO, OR AS A CONSEC	DUENCE OF				1 3 7	
	Conditions, if any, which	(b) Periphe	eral va	scular in	sufficienc	У	1 m	onth
	gove rise to immediate couse (0), stating the	DUE TO, OR AS A CONSE	DUENCE OF				3	
	underlying couse lost.	Atheros		is			17 y	ears
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NO	OT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVE	EN IN PART 1	01
CERTIFICATION	Cerebrovas	scular accide	ent					
1 3	190. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION	WAS PERFORMED	20a AUTOPSY?		, WERE FINDIN	
1	none	N N	JA		YES NO	YES		NO 🗌
E E	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY		21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART : OR PART 2)	1,70,3811
	OR CONTRIBUTING CAUSE OF DE				NA			
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	- 2	II. LOCATION	CITY OR TO		COUNTY	STATE
X	WHILE NOT WHILE	NA NA	CE, FARM, ETC]	STREET	NA	14414	COUNTY	SIAIL
		NA INA iital) ottended the deceased fro	12/1		1012/19		10 87	tho (I) VA lost
		12/19 St) view the body after death.	07	that in (my XX aprinis	on death accurred on the d	ate and hour	and from the	couses stated
	27b. SIGNATURE	ot) view the body after death.	DE	GREE			22c DATE	SIGNED
		**		ATTENDING	MEDICAL STA	FF	120/	07 /07
-	22d PHYSICIAN'S NAME (THE	OR PRINKS	M	22e. ADDRESS	XDIRECTOR PHYSI	_IAN	112/	21/87
								00054
-		m Harter, M.I		9705 Hall		omac,	MD.	20854
23a.	BURIAL, CREMATION, REMOVA			METERY OR CREMATOR	CITY OR TOWN		COUNTY	STATE
	Burial	12/22/87 F	Rock Cr	eek Cemet	ary Washin	gton,	D.C.	71.105
	FUNERAL DIRECTOR	ADDRE:	Washin	gton, Ddil	PATE RECED BY REGISTRALE U 3 0 1987	ZSB. REGISTI	KAR'S SIGNA	UKE,
To	s. Gawler & S	Sons 5130 Wis	consin	AveNW	1001	1		

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other troumatic event, the medical

	George

elak

Action, Jr.

recember 19, 1987

Mite

Marclyn A. Elasher

or ne want

injury, ar other traumotic event, the

6

irector, page 3

DEC

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR			DEF	PARTMENT OF H	EALTH AND	MENTAL HYG	IENE					
	- STATE REGISTRAR			,	CERTIF	ICATE OF	DEATH	3	REG. NO.	510	5 E	7	5
	CEASED NAME	FIRST		MIDDLE	Į.	AST		20. DATE O		NTH DAY	YEAR	26 HOL	JR
1	C OR PRINT)	Sarah		E.	FLEMI	NG		Dece	ember 8	, 198	7	61	AM M
3 SE	X	4.	RACE		5. DATE C			6 AGE (IN	YEARS LAST BIRTHDA		INDER 1 YEAR		
210.	Female		Negr	0	MONTH Oct	. 22,	1918	6	9	YRS MON	THS DAYS	HOURS	MIN.
	IRTHPLACE (STATE OR	FOREIGN 71	CITIZEN OF		VTRY? 8.		MARRIED	9 BALTIMO	DRE CITY OR		DEATH		
	Maryland		USA	1	WIDOWE		ONORCED [M	ontgome	ry Co	unty,		MD
	lity or town of DEA Baithersbur		1. NAME OF	HOSPITAL, N H FACHUY, GIVE Sumi	URSING HOME O	OOL	STITUTION		OCCUPATION REFORMOST OF WO SEWORK		126. KIND C	OF BUSINE	SSOR
130	AL RESIDENCE (IF NURS STATE aryland	136 COUNT Mortg	Υ	134 CITY OF		13d. INSIDE	CITY LIMITS?		ADDRESS / ZI		e00	1 20	0877
14 F	ATHER'S NAME		DDLE	145		15 MOTHER	S MAIDEN NA		-1-7		,		
5	Edward	MI	DOLE	Flemir			Eva.		Sarah	-	Brown	Τά	
	WAS DECEASED EVER				SECURITY NO.	17 INFORM				24 Br			T.a.
	No	(IF YES, GIVE V	VAR OR DATES)	212-21	1-475h	Edwa	rd Flem	ing. J		ver S			
NO	Conditions, if any, gave rise to immediate to station underlying cause PART 2 OTHER SIGN	nediate ig the last.	DUE 10. 6	BACON PLOY	eles	NOT RELATE		INAL DISEAS	3	ON GIVEN	IN PART 1:	0	_
CERTIFICATION	19a DATE OF OPERAT	TION	196 COND	ITION FOR W	HICH OPERATION	WAS PERF	ORMED	200 AUTO		b. IF YES, WI CERTIFYIN YES			H?
MEDICAL CER	210 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	CAUSE OF DEATH	21b. TIME C HOUR A. P.	M. MONTH	DAY YEAR	21c. HOW I	NJURY OCCURR				I OR PART 2)		
WEDI	216. INJURY OCCURR	IILE 🗍	21e PLACE (AT HOME STI		FFICE, FARM, ETC 1	211 LOCAT			CITY OR TOWN	4	COUNTY	5	TATE
	220.1 certify that (1) saw the decease above, (1) (we) (a	ed alive on	1-19			d that in (my	, 19_ 8_5 r) (our) opinion o	death accurre	- 19 ed on the date of	and hour on		that (I) (v	
	22h SIGNATURE	hel	lle	0	C	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		Dec Dec		1987
	22d PHYSICIAN'S NA		rekko,	M.D.		1921	ss 1 Montgo	omery	Village	Ave.	,Gait	hers	Ma.
23a 8	BURIAL, CREMATION,	REMOVAL	23b. DATE	7.00-	23c NAME OF CE			23d LOC/	00101111	1.0	DUNTY	<	TATE
	Burial		Dec.13	1907	Frie	endshi	D	Dama	scus. M	ontgo	merv.	Md.	- Fr. 6

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNER DIE L. Molesworth, P.A., Damascus, Md.

Damascus, Montgomery, Md. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Salis . Thirdren - Randall

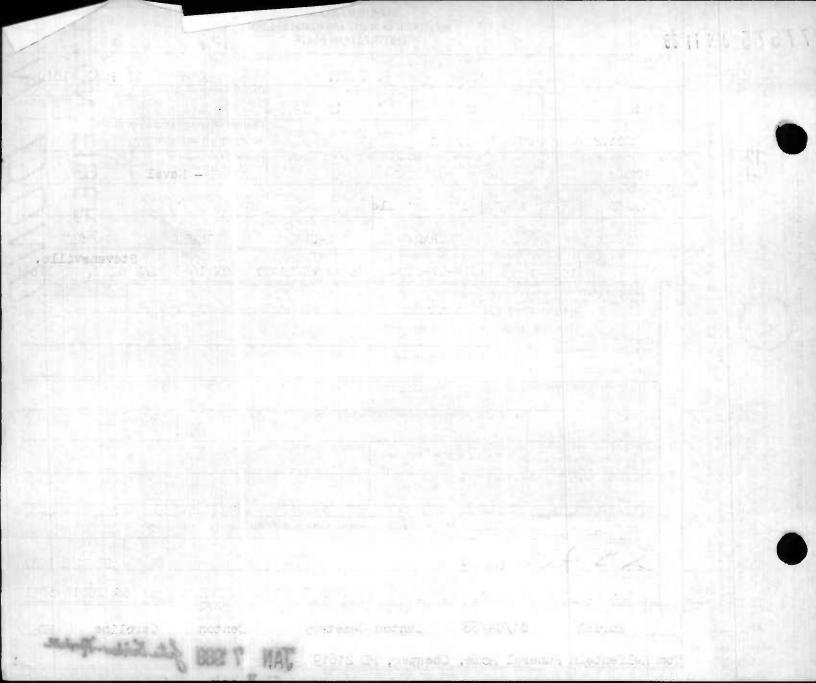
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Protest	detes	ME	20		branks.	
	70 - 11 - 70 -	all bick	a deni-i	100 YES	D.	
ę				GA		
ngtan nathan, engl				.ff. Y , a solen	. godar	
.M washing	Lamina al-	u.E.m.	note:	Dec.13,1907	Salar	

blin I. h draworth , L.A. , hamnons, t.

STATE OF MARYLAND

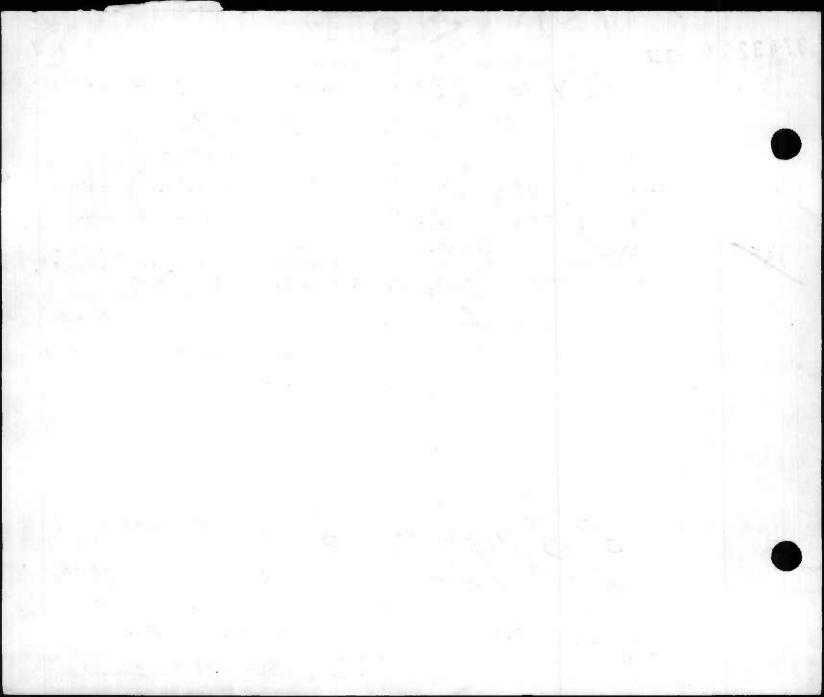
8	REG.	NO.	3	6 !	7	6
OF	DEATH	MONTH	DAY	YEAR	2b HOUR	

75 JAN 118	FOR STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYGI CATE OF DEATH	IENE B RIG. NO	o. 3	6 !	7 6
	DECEASED NAME FIRST	WIDDLE	L	(51	20. DATE OF DEATH	MONTH DA	Y YEAR 2	HOUR
2 20	RUSSE	LL WATSON	FL	UHARTY	DECEM	BER 3	1 1987	1010pm
10 00 T	SEX	4 RACE	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER 1 YEAR II	UNDER 24 HRS
to de	MALE	CAUCASIAN	JUL	Y Î2 1908	79	YRS	INTHS DAIS H	OURS MIN.
1 100 85	HRIHPLACE STATE OR FOREIGN MARYLAND	76 CITIZEN OF WHAT COUNTRY? UNITED STATES	8 MARRIED	NEVER MARRIED D	9 BALTIMORE CITY O	R COUNTY C		MD.
100	BETHESDA	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET NAVAL HOSP I	IG HOME O		120. USUAL OCCUPATE (1YPE OF WORK FOR MOST O RETIRED - 1	F WORKING LIFET	126 KIND OF BUSINESS OR	
£ 20 - 1	SUAL RESIDENCE OF NURSING HOME OF STATE NAME OF COUNTY OF THE PROPERTY OF THE	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION) /N BVILLE	138. INSIDE CITY LIMITS?	BOX 16-5	7 ZIP CODE 21666		
ond 2 county	WATSON N	MIODIE FLUHAR	RTY	15. MOTHER'S MAIDEN NAM LAURA	BELL		MORGAN	
9 9 9 9 7	WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)		17 INFORMANT	ADDRE		tevensv	ille,
1 11 /	YES 1939	-1962 219 -07-2	604	HELEN FLUHAR	ry BOX 16-	5 BAY		MD 21666
the death outlings the articles of physic rethore corbon pope action, or remon or traumotic event, if	PART I. DEATH WAS CAUSI IMMEDIA Canditions, if any, which gave rise to immediate cause (a), stating the	nly one cause per line for (a), (b), and ED BY: PNEUMONIA TE CAUSE (a) DUE TO, OR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU	ENCE OF				BETWEEN ON	TE INTERVAL ET AND DEATH
signed by her please to burief, or yury, or off	PART 2 OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	V IN PART I to	
No los de la companya	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING ING CAUSES OF	
o physical production of the state of the st	210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T 1 OR PART 2)	
of Periods	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TO		COUNTY	STATE
TENDR At 1708	saw the deceased alive or	DECEMBER 31 19	0.7	IBER 09 _{, 19} 87 d that in (my) 19 ₩) opinian o	ta DECEMBE, death occurred on the de		ond from the ca	at (I) (metallost uses stated
ffal OR a sy the hou Rai DiREC detached now Dept.	22b SIGNATURE	lowes			MEDICAL STA DIRECTOR PHYSIC		31 DI	EC 1987
TO HOSPI TO FUNE Should be MPORTA		OWS , LT, MC, US		NAVAL HOSPIT		A, MD	2 ± 2081	14-5011
2	30 BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
BP	Burial	01/04/88 I	enton	Cemetery	Denton	Car	oline	MD
DHMH - 16 60M 7/84	4 FUNERAL DIRECTOR NAME Om Helfenbein Fu	neral Home, Ches	ter, 1	FFA	REC'D. BY REGISTRAN	falle to	The same	July 1



	OF.		

0.5.		FOR		DEDADT		OF MARYLAND EALTH AND MENTAL H	ACIENE			
074328 DEC	-8-	STATE REGISTRAR	N 1			CATE OF DEATH	8 7	NO 3	6 1	7 7
	1. DE	CEASED NAME FIRS	Nephtur	MIDOLE		Fogelber	20 DATE OF DEATH		YEAR	26 HOUR
noy be page 3	(ITPE	NEH	TUNE	1	OGE	LBERG		12 4	87	12:52 _M P
a o	3. SE	10-	4. RACE		5. DATE C	F BIRTH	6. AGE THE YEARS LAST		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
oge 4		m	White		138/	09/04	8	3 YRS		
1 2 5 G	70. BI	RTHPLACE (STATE OR FOREIGH		WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	FDEATH	
deot deot		Utah	USA		WIDOWE	DNORCED [MD.
by the filed with		S.		CHECKITY GIVE STREET		ROTHER INSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOST		Reti	r BUSINESS OR
ND 212	₩5Ü, 13a S	L RESIDENCE (IF NURSING HO TATE 136 C	ME OR OTHER INSTITUTION COUNTY Mont	13c. CITY OR TOV		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 511 War	/ ZIP CODE	Driv	20904
2 1 10 1	14 FA	THER'S NAME	MIDDLE	IAST		15. MOTHER'S MAIDEN				
1 / (At)		Wilhelm	Fc	gelberg	5	Vendla	WIDDLE		Berns	ten
		AS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SEC	URITY NO.		rk Dale 498			ıs,Ca.
1 10 1/	Y	ES, NO OR UNKNOWN) (EX	WII	579 35	5570	Claudia S	. Dess(Dau	ighter)		
Tr., 8AL1		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er only one couse pe AUSED BY: EDIATE CAUSE (o)	r line for (a), (b), ar	ton	Falur			10	MATE INTERVAL DINSET AND DEATH
N S Cert		IMMI		OR AS, A.CONSEQU	IENCE OF		7		1	
eston death c ottendin ove cork frion, or		Canditions, if any, which	h ((b)_	Chroni	,00	truties le	ng deria	4	Je	aro
W. PR		gave rise to immediate couse (a), stating the underlying couse los	DUE TO C	DR AS A CONSEQU	JENCE OF	- Sul	Sem		66	Jacan
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN. The law requires the offer this certificate has been signed to as the burial-transis permit. Then plea the and Mental Hygiene prior to burial, orked or Item 18 shows any injury, or a corked or Item 18 shows any injury.	z	PART 2. OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTIN 710	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	NDITION GIVEN	IN PART 110	1
low req	CERTIFICATION	19a DATE OF OPERATION	19b. CONE	OITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20e AUTOPSY?		WERE FINDING	
The cion.	RTIF					1	YES NO	YES [но 🗌
OF VITA SICIAN. T ig physics certificate cial-transi ental Hygi		210. ACCIDENT WAS UNDERLYING CAUSE (LIOUE A		AY YEAR	716 HOW INJURY OCC	URRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART	1 OR PART 2)	
NO N	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXA		OF INJURY	19	ZII LOCATION				
DIVISIOI DING PHY or offer this te as the bu	MEC	WHILE NOT WHILE AT WORK	LAT HOME ST	TREET, FACTORY, OFFICE,	FARM, ETC }	STREET	CITY OR	IOWN	COUNTY	STATE
DO P See See See See See See See See See S	ħ.	220.1 certify that this	hospital) attended t			, 19	, to	usen	1	ho (I) (we) lost
R ATTEND haspital o haspital o secTOR: A secTOR: A sept. of Heo use tem 21 is m		saw the deceased aliv	d that view the hook	2 2 19_	87_, 01	d that in my (aur) apini	an death occurred an the	date and haur o	nd from the c	ouses stated
OR A bored Orept.		115 SIGNATURE	1	1/1		DEGREE			22c. DATE S	IGNED
		In	er //	Ores		ATTENDING PHYSICIAN		AFF SICIAN []	12/	14/1-7
HOSPITAL ined by the FUNERAL old be definite Stote ORTANT:		228. PHYSICIAN'S NAME	TYPE OR PRINT)	00		22e ADDRESS / CO	30/ 650	RGIA	AVE	
TO HOSPITAL TO FUNERAL should be de with the Stot		1 RV	EST	J. US	ER	SIL	VBR SF	RING	: Mh	120902
	23a E	URIAL, CREMATION, REMO	1 1 2 / 1	5 / 8 7 123c	NAME OF C	EMETERY OR CREMATOR	ematory roa	lex.Vas	OUNTY	STATE
BP	24.51	Crematio	n							IDC.
DHMH - 16 50M 4/83 (VRA 15, 4)	/4 P	HTHESPRina	1di 1180	JU New I		Ave.	FC - 7 1987	A. REGISTRA		URE



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IMPORTANT: If them 21 is marked or them 18 shows ony injury, or ath

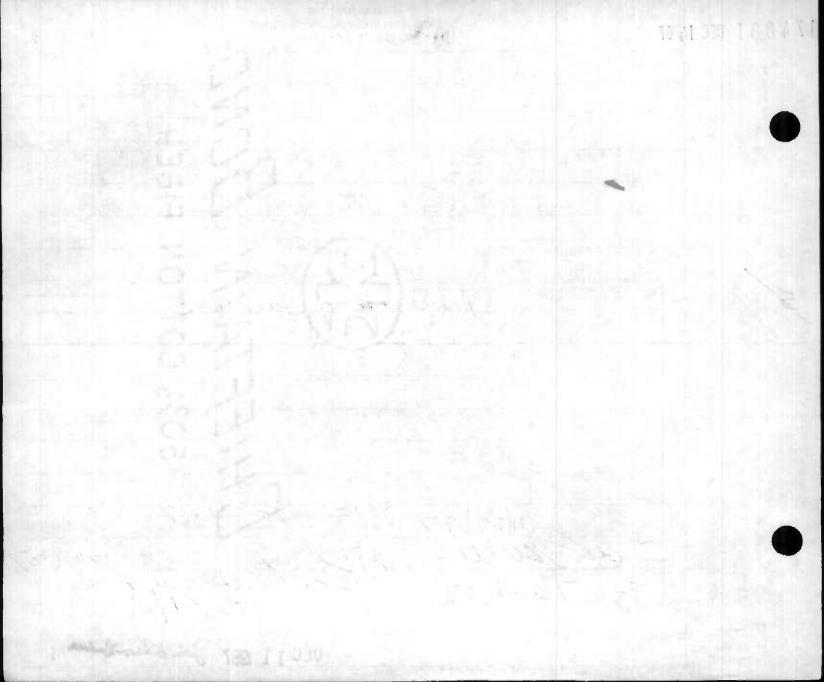
DHMH - 16 60M 7/84

STATE OF MARYLAND

DEP

ARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	REG. NO.	3	6	1	7	
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1 5					REG. NO).	
	DECEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY YEAR	26. HOUR
L	Josephi	ne A	. For	tney	Decemb	per 8, 1987	6:15 pm
3. S	EX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR	IF UNDER 24 HRS
2	Female	White		ber 17 1918	68	YRS	Mark.
10.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF DEATH	11/2 / 1/0
4	Colorado	U.S.A.			Montgon	mery County	MD
112	CITY OR TOWN OF DEATH		PITAL, NURSING HOME O	OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
	Kensington	10108 E.	Bexhill Dr		Registered		ivate
	UAL RESIDENCE (IF NURSING HOME OF		RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	7IP CODE	
Ma	aryland Montg		nsington	YES NO KX	10108 E. Bexh		
11	FATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN NAM			
V			nderson	Blanche	WIDDLE	Marki	
160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166	SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	
	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES}	22-42-5638	Evelyn A. Mote	, Same as it		
	18 CAUSE OF DEATH (Enter or	ly one couse per line	for Ia , (b), and (c)	1	A -	APPRO	ONSET AND DEATH
MOIT	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D THE CONDITION FOR WHICH				NAL DISEASE OR COND	DITION GIVEN IN PART 1	
CERTIFICATION				N WAS PERFORMED	YES NOK	IN CERTIFYING CAUSE	
	SECONTRIBUTING CAUSE OF DEA	The state of the s		TIL HOW INJURY OCCURR	ED. Exercise on the Contract	LUMBER OF STREET CRAMMEN	
S	LE ETHER HOLET MEDICAL EXAMPLE	P.M.	19				
MEDICAL	214 INJURY OCCURRED	THE PLACE OF IN	AJURY ACTORY, OFFICE, FARH, ETC. (THE LOCATION	E/IY 04 FD+	AN COUNTY	17476
	AT HORK O NOT WHAT O		94	115)_ (<))	,
	22x I certify that (I) (this hospi saw the deceased alive on	Was	00	od that in (my) (our) opinion d	910 CP	y 19 8	that (I) (we) last
	obove, Il (we) Idid) Idid to	o view the body fitte	tioniff.	DECREE	And the second second		SIGNED /
	ALL	seul1	1~ 1	A ASTENDING .	MEDICAL STAF	F	19/4
	224 PHYSICIAN'S NAME (TYPES	O DO CO	01	1220 ADDRESS	DIRECTOR PHYSIC	IAN	-1/12
	Tra 10	aube	5	10301	Georg	19 984	2
23 a	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	THEOCHRON	the	
1	Cremation	12-9-87	Metropol	itan Cremator	CITY ON 1 Bridge	No seed as	STATE
			TIC CI ODOI	Itali Crelliator	VI Alexandr	ia. Viluin	ıa
24		nard Rapp,			REC D. BY REGISTRAR	ia, Virgin:	



74186 DEC	-7	FOR STATE FGISTRAR DOLORE		FRAYLICE	ENT OF H	OF MARYLAND EALTH AND MENTAL HYC CATE OF DEATH	8 pég	.NO 🛂		3 0
4 may be for page 3 ofter death		1	1. RACE	FRAY	LIC S. DATE O MONTH	F BIRTH ODAY YEAR ODAY	6. AGE (IN YEARS LAS	12 2	- 87	550 M
ter death. Page he funeral direct within 72 hours.		TEMALE RTHPLACE (STATE OR FOREIGN NEW YORK TY OR TOWN OF DEATH	USA	WHAT COUNTRY?	WIDOWE	NEVER MARRIED	9 BALTIMORE CIT 17a USUAL OCCUP (TYPE OF WORK FOR MO	JTGO Y	OF DEATH MER 126 KIND OF E INDUSTRY	M MD
YLAND 21201 thin 24 hours of d in by the filed fineraging be filed	13a :	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUR MON NURSING HOME OF STATE 13b. COUR MON NURSING HOME OF STATE 13b. COUR MON NURSING HOME OF STATE 15b.	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN GAITHERS	ADMISSION)	134. INSIDE CITY LIMITS? YES NO X 15 MOTHER'S MAIDEN NA		SS / ZIP CODE ERCADO W.		79
TIMORE, MAR		STANLEY VAS DECEASED EVER IN U.S. AR (15, NO OR UNKNOWN) (15 YES, GH	MED FORCES? E WAR OR DATES)	HUYLER 166 SOCIAL SECU 103-20-1		HELEN 17 INFORMANT NORBERT R. F		BRODER DRESS SAME AS	#13	
I. W. PRESTON ST., BAI hat the death critical by the attending to See remove cortical and I., cremation, or removal other traumotic event, the	5,41, 0.7 45	18 CAUSE OF DEATH IEnter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last	ly ane cause per D BY: E CAUSE (a) DUE TO, O (b) DUE TO, O	Septic Bas a conseque an expte	ein i	ia Lyn	nphone		1 da	days
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The low requires the office of the office of the office of the burnal-tronsit permit. Then ples the nord Mental Hygiene prior to burnal orked or, them, 18 shows any injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT	196 COND	ITION FOR WHICH	OPERATIO	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES OF	
DING PHYSICIAN. Or oftending phys After this certifica se os the burnol-tron colth and Mental by morked or them 18	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHITE NOTIFY AND ONE AT WORK NOTIFY THAT AT WORK 270 Certify that (1) (Haw book	21e PLACE (AT HOME, ST	M. MONTH DA M. OF INJURY REET FACTORY, OFFICE, F	19	21f LOCATION STREET	City C	OR TOWN	COUNTY	STATE
the hospital In DIRECTOR.		sow the deceased olive or obove, (1) wet televis (did no 27) SIC but Olive 1 (1) (2) The Company of the Company	t) view the body	<u> </u>	1	22e ADDRESS	MEDICAL DIRECTOR PH	STAFF	-	uses stated
TO HOSPITA retoined by TO FUNERA should be di with the Sto	230	DR. G. LEON			NAME OF C	SILVER SPE				

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE DEC.5,1987 BURIAL

GATE OF HEAVEN

23¢ NAME OF CEMETERY OR CREMATORY

236 LOCATION SILVER SPRING

STATE MD.

24 FUNERAL DIRECTOR

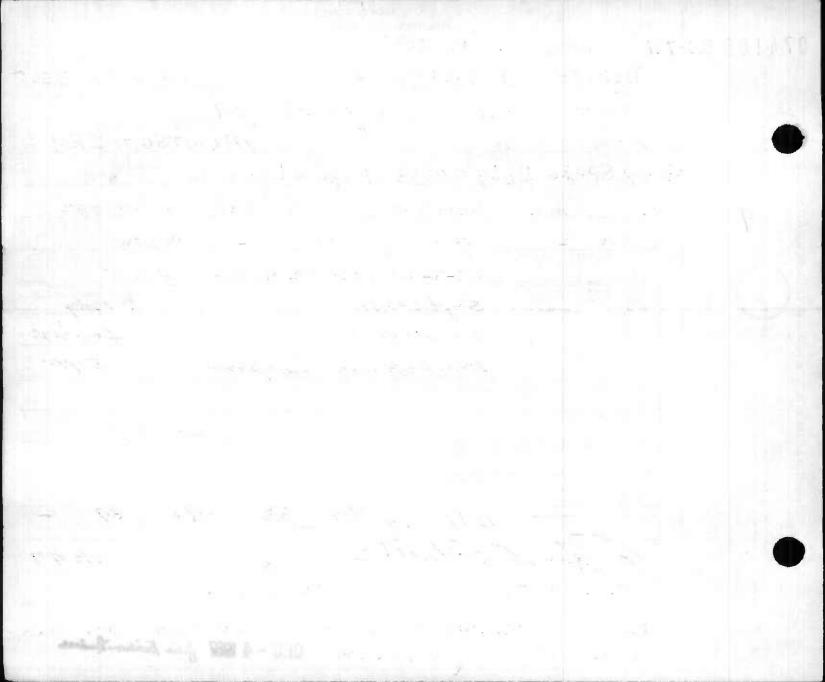
MURITEL H. BARBER

LAYTONSVILLE, MD. 20879

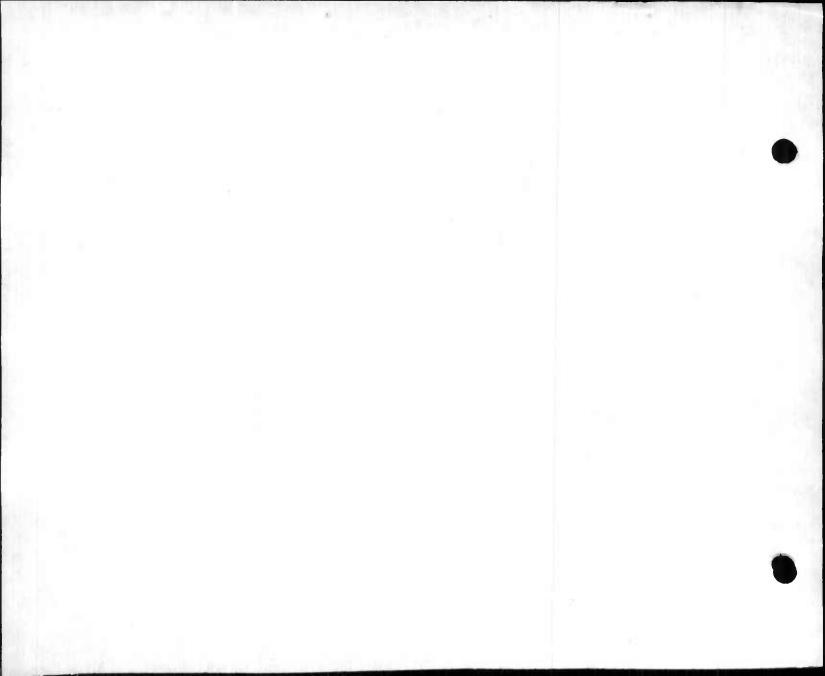
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DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



CERTIFICATE #87 36/81



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CERTIFICATION

MEDICAL

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

8	REG. N	10.	6	-	8	5
DATE OF	DEATH	MONTH	DAY	YEAR	26 HO	JR
	1	2 -	27-	87	7.	10
AGE INY	EARS LAST B	RTHDAY)	IF UND	ERIYEAR	IF UNDER	2J HR

STATE

REGISTRAR		CERTIFICATE OF	DEATH	REG. NO.	() 1	is the		
1. DECEASED NAME FIRST (TYPE OR PRINT) TUL	IA MIDDLE V.	FRETE	LL 20 DATE C	FDEATH MONTH O	7-87	7.10		
3 SEX	4 RACE	5 DATE OF BIRTH			IF UNDER I YEAR	IF UNDER 24 HR		
1- Cmore	FWHITE	MONTH - DAY	2-14 73	YRS	ONINS DATS	HOURS MI		
To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	MARRIED NEVE	R MARRIED	ORE CITY OR COUNTY	OF DEATH			
Peru	Peru	WIDOWED	DIVORCED [MO]	ntgomery.				
Silver Spring	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST HOLV Cross	REELADORESS)	ITYPE OF WO	120 USUAL OCCUPATION 117PE OF WORK FOR MOST OF WORKING LIFE House wife.				
USUAL RESIDENCE (IF NURSING HON	AE OR OTHER INSTITUTION GIVE RESIDENCE BI OUNTY 131. SUYPET		E CITY LIMITS? 13-STREET	ADDRESS ZIP CODE	lerrace	9903 Apt		
INFATHER'S NAME		15. MÖTHE	ER'S MAIDEN NAME					

) Victor	MIDDLE Qui	Lspe Lspe	Zofida	"Rodri	quez
		579-94-8166	Emilio Fret	ADDRESS	Musband.
PART I. DEATH WA	H (Enter only one couse per	Line for to 1, this and ici		7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
Conditions, if ony, gave rise to imm couse (a), stating	redinte		Y ARTERY	DISERSE	
underlying couse	lost (c)	RAS A CONSEQUENCE OF	SCLEROSIS		

Part 2. Other significant conditions <u>contributing to death</u> but not related to the terminal disease or condition given in Part 11:0

190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIT IN CERTIFYING CAU YES	
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b TIME OF INJURY HOUR A.M., MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCUP	URY IN ITEM 18 PART I OR PART	Rt 2)	
21d IN JURY OCCURRED WHILE NOT WHILE NOT WORK AT WORK	71e PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE, FARM, ETC.]	211 LOCATION STREET	CITY OR T	OWN COUNTY	y STATE

220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an above, (I) [we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22b. SIGNATURE 22c. DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

	HECVO	R. K.	(OLLI	SON.	MO	1111	SPAI	ING	51 -	SILUER	SMIN
23a	BURIAL, CREMATION,	REMOVAL	23b DATE	23c N	NAME OF CEME	TERY OR CRE	MATORY	23d LOCATION			
	(SPECIFY)				Cat	000	TT	CITY OR TO	WN	COUNTY	STATE

DATE REC'D BY REGISTRAR 256 REGISTRAR'S STONATUR 254 Carroll St

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been

etoined by the hospitol

r use as the buriol-transit permit. Health and Mental Hygiene prior

should be detached far with the State Dept. of h

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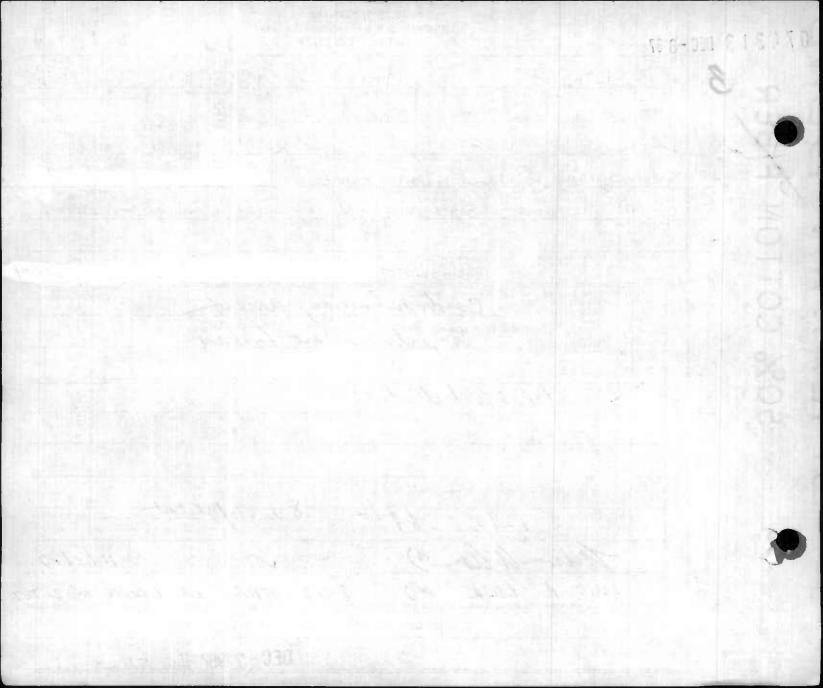
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Silver Spring, Md.

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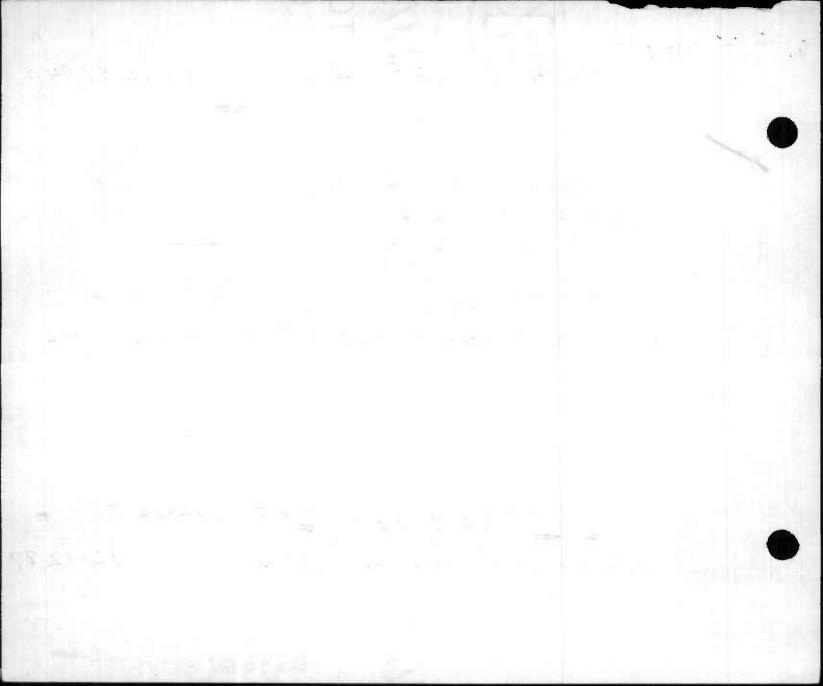
(VRA 15, 4)



3.	SEX	ORPRINI) EDITA	4. RACE		HLLER	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNI
		FEMALE	CAUCASIAN	APR	čŤL 1°8 19°07	-90 - 80 y	MONTHS DAYS HOUR
70	C	RIHPLACE (STATE OR FOREIGN OUNTRY) LLINOIS	7b, CITIZEN OF WHAT COUN USA	MARR	RIED NEVER MARRIED	9. BALTIMORE CITY OR COU MONTGOMERY	
1/		VER SPRING	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES 1606 DALE I	RSING HOME TREET ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) HOMEMAKER	INDUSTRY
M	IAF		OTHER INSTITUTION GIVE RESIDENCE 131. CITY OR	SEFORE ADMISSION	1G AER NO	13e STREET ADDRESS / ZIP C 1606 DALE DRI	
54		CHESTER	J. COC	OKE	15. MOTHER'S MAIDEN NAMEL	ELETA A	leta RUSSEL
le medico			E WAR OR DATES)	6-0126		ADDRESS LLER/HUSBAND/S	AME AS 13
r troumo		Canditians, if any, which gove rise to immediate cause (a), stating the	(b) GOLD AS A CONS		zed arter	164Cleres	is syr
railer traumo	NO	gove rise to immediate couse (a), stoting the underlying couse last. PART 2. OTHER SIGNIFICANT (TO DEATH BE	UT NOT RELATED TO THE TERM	inal disease or condition	
NOTA CITY OF THE PROPERTY OF T	CIFICATION	gove rise to immediate cause (a), stating the underlying cause last.	(c)	TO DEATH BE	UT NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION 200 AUTOPSY? 20b.	IN GIVEN IN PART 1:0 IF YES, WERE FINDINGS USE ERTIFYING CAUSES OF DE YES NO
V V V V V V V V V V V V V V V V V V V		gove rise to immediate couse (a), storing the underlying couse last. PART 2. OTHER SIGNIFICANT (190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER NOTICY MEDICAL EXAMINER	196 CONDITION FOR WI	TO DEATH BI	ION WAS PERFORMED 21c HOW INJURY OCCURR	IN AL DISEASE OR CONDITION 20a AUTOPSY? 20b. II	IF YES, WERE FINDINGS US ERTIFYING CAUSES OF DE YES \(\text{ NO} \)
A ARENIO AL CENTRE ATTAIN		gove rise to immediate couse (a), stoting the underlying couse last. PART 2. OTHER SIGNIFICANT (196 DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	196 CONDITION FOR WI	TO DEATH BI	UT NOT RELATED TO THE TERM ION WAS PERFORMED 216 HOW INJURY OCCURR 219 211 LOCATION	IN AL DISEASE OR CONDITION 200 AUTOPSY? YES NO	IF YES, WERE FINDINGS US ERTIFYING CAUSES OF DE YES \(\text{ NO} \)
	MEDICAL	gove rise to immediate cause (a), stoting the underlying cause last. PART 2. OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTICY MEDICAL EXAMINER LIGHT OF COURSED) WHILE NOTICE OF THE CAUSE OF THE NOTICE OF THE	CONDITIONS CONTRIBUTING 196 CONDITION FOR WI 216 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET EACTORY OF	TO DEATH BI HICH OPERAT DAY YEA 15 FICE, FARM, ETC.)	UT NOT RELATED TO THE TERM ION WAS PERFORMED 21c HOW INJURY OCCURR 21l LOCATION STREET and that in (my) popular of the control of the co	IN AL DISEASE OR CONDITION 200 AUTOPSY? YES NO IN CE YES NO IN TOWN CITY OR TOWN	FYES, WERE FINDINGS UERTIFYING CAUSES OF DE YES NO MIB PART LOR PART 2) COUNTY 19 27. that (I decrease the causes of the cause of the causes of the cause of

STATE OF MARYLAND

Film G636 item 6



that the death certificate be executed within 24 hours after death. Page 4

076537

inly filled in by the funeral director, page 3 2 should be filed within 72 hours after death

		STATE	OF M	ARYL	AND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TREG. NO.	3	6	-	8	5

DEC	30	b7	FOR STATE REGISTRAR			DEPART		HEALTH AND MENTAL HYGI FICATE OF DEATH	IENE 8 7 _{REG. N}	. 3 6	1 8	5
			CEASED NAME E OR PRINT)	Anne		WIDDLE	F	urosh	12/24/87	MONTH DAY	7EAR 26 HC	00 M
		3. SE)	remase		4. RACE Caucas	sian	S. DATE C		82	TRS.		DER 24 HRS.
in 72 hours after charce.	9	(RTHPLACE (STATEORF COUNTRY) Vew York	OREIGN	76. CITIZEN OF V	WHAT COUNTRY?	% MARRIEI	D NEVER MARRIED DIONORCED	Montgome	R COUNTY OF	DEATH	MD.
Med with	10	B	etheoda	тн	11. NAME OF P	CH FACILITY, GIVE STREET	NG HOME C TADORESS) HOSPI ta	or other institution al	120. USUAL OCCUPATION OF WORK FOR MOST CONTROL HOUSEWIFE	NE WARKING LIEET ! IN	26. KIND OF BUSIN NOUSTRY Own Home	VESS OR
ould be	N. C.	13a. S	AL RESIDENCE (# NURS STATE Cyland	136 COUN	other institution. NTY GOMETY	136. CITY OR TOW Rockvil	MN	13d INSIDE CITY LIMITS? YES NO T	13e. STREET ADDRESS 6121 Mon	trose Ro	2085 pad	52
externine	Mes	N FA	Samuel		MIDDLE	Kirsch		15 MOTHER'S MAIDEN NAM Fannie	ME	Zak	corsky	
Poges	1	0	MAS DECEASED EVER YES NO OR UNKNOWN) NO		RMED FORCES?	166 SOCIAL SECU		David G. Kir	sch: P.O. B			140 ,FLA,
movel.	19		18 CAUSE OF DEATH PART I. DEATH W	VAS CAUSE	nly one couse per ED BY: .TE C AUSE (o)	line for (a), (b), or SHOC	nd (c).)				SUDDE	
cremation arthur	Exami		Conditions, if any, gave rise to imm couse (a), statin underlying couse	, which mediate ng the	DUE TO, OI	OR AS A CONSEQUE	AOR	RTIC DISSO	ECTION		14 Hou	RS
Then pleas or to burial, vinjury, or o	cal	LION		7				T NOT RELATED TO THE TERM				
it permit	ned	CERTIFICATION	190. DATE OF OPERAT	NOI	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	YES NO	IN CERTIFYING	ERE FINDINGS US G CAUSES OF DE NO	ATH?
Mental Hygie Dr Hem 18 sho	12	CAL CER	218. ACCIDENT WAS UND OR CONTRIBUTING C	CAUSE OF DEA	ATH HOUR A.	OF INJURY I.M. MONTH D P.M.	DAY YEAR	216 HOW INJURY OCCURR	ED (ENTER NATURE ÓF INJU	RY IN ITEM 18 PART 1	OR PART 2)	
and and ked g	10	MEDIC	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	HILE [OF INJURY FREET, FACTORY, OFFICE.	FARM, ETC)	21f LOCATION STREET	CITY OR TO	IWN C	COUNTY	STATE
for use as of Health 21 is mar	doe		220.1 certify that (1) saw the decease above, (1) (we) (c	ed alive on	10101	91 19	8 F.	and that in (my) (our) opinion o	death occurred on the d	gre and hour and		(we) lost stated
detached for state Dept. of h NT: If Item 21	m		226. SIGNATURE	ME	fisse.			DEGREE ATTENDING L	MEDICAL STA	FF	12 25	187
should be detained with the State C			224. PHYSICIAN'S NA	ME TYPE C	· DATE	EL		6121 MONT	ROSE RD, 1	ROCKUL	2E, MD!	20852
433		23e E	BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	PEAE 198			CEMETERY OR CREMATORY Pavid Mem'l Par			Virgini	
50M 1/81 15, 4)			UNERAL DIRECTOR	o Fun	oral Hor	MAC Fall	le Chi	rch. VA. DEC	2 9 1987	246 RELSISTRAR	SSIGNATURE	

Ives-Pearson Funeral Homes, Falls Church, VA.

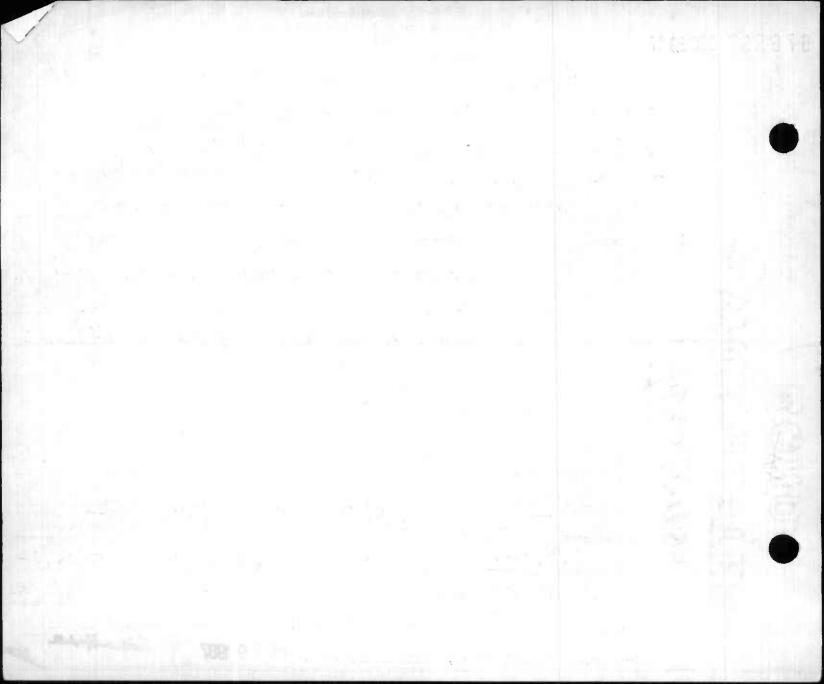
DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the atte

attending physicia

TO HOSPITAL OR ATTENDING PHYSICIAN: The



	STATE OF
R	DEPARTMENT OF HEAL
	THE ARTIMETER OF THE ARE

F MARYLAND

	1.	STATE REGISTRAR	DEPARI	CERTIFICATE OF DEATH	B FEG NO. 3	6 1 8 6
7 5 7 3 7 DEC 22	1.05	CEASED NAME FIRST Rut	h R.	Gaist	December 17, 198	37 PAR 26 HOUR 11. LOP M
ge 4 moy	3 SE	x Female	4 RACE White	5 DATE OF BIRTH MONTH 12 19 93	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR OF UNDER 24 HRS
nerol div	7a. B	ENGLAND	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY Montgomery	OF DEATH MD.
s offer d		ockville	11. NAME OF HOSPITAL, NURSI HEBREW HOME	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION 1 TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR INDUSTRY None
AND 212	13a s		R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	READMISSION) VN 13d. INSIDE CITY LIMITS? ille YES X NO	6121 Montrose	e Rd. 20852
MARYL, and within and and and and and and and and and an		ATHER'S NAME Drris	Shoft Shoft		e MIDDLE	Uńknown
BALTIMORE.	1	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	URITY NO. 17 INFORMANT Mi 1-018411400 Stra	lton Aronson () nd Dr. Apt. 403	Rockville MD
ST., BAL			nly ane cause per line far (a), (b), a ED BY: TE CAUSE (a) RES DU	nd, ici.)	ot	BETWEEN ONSET AND DEATH
1 W. PRESTON that the death ce that the ottenditions remove cortes old cremation, or cother traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) Falling DUE TO, OR AS A CONSEQUE (c) Church		cident + Athu	oschotic Head
RDS, 20 requires requires Then ple r to burit injury, a	NO O	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM		
ALRECORDS, I law requir I law been significants before to prior to be	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED YING CAUSES OF DEATH?
HOF VITAL SCAN. The graphycom entificate higherants tringi Hygie then 18 stee.	4	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT) OR PART 2)
DIVISION MG PH75: after this can the burn th and Mar	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
ATTENDI opini or CIOR, a of Heal		saw the deceased alive or	attended the deceased from, 19_ 19 view the body after death		death accurred on the date and hour	9 2
TAL OR the board of the board o		Wulm	Vennu	DEGREE ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	12/17/87
O HOSPI reined to NO FUNE MPORTA		MERLYN	VEMURY	MONTR	OSE RD ROCKUI	LIE MI)
BP	F	BURIAL, CREMATION, REMOVAI CEMOVAL		o Wash Drivers dical School		
DHMH - 16 60M 7/84 (VRA 15, 4)			mbia Mortuary ve. N.W. Wash		TERECID. BY REGISTRAR 256 REGISTI	AR'S SIGNATURE

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IMPORTANT: If Item 2 should be detache

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

	8 KEG. N	10	5 5		Ö	/
ī	20. DATE OF DEATH	HINOM	DAY	YEAR	2b. HOU	R
		12	28	1981	43	2
ī	6 AGE (IN YEARS LAST B	RTHDAY)	IF UN	DER 1 YEAR	IF UNDER	2. Hi
	-0		MONT	HS DATS	HOURS	MI

	REGISTRAR		CERTII	ICATE OF DEATH	EG. NO		2
HOE	CEASED NAME	FIRST MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
() TPE	OR PRINT)	ando	() pi	N(ia,		12 28 198	1 433 DM
3. SEX	X X	4 RACE	IS/DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT	THOAY) IF UNDER 1 YE	
	60012	h?	MONTH		-0	MONTHS DAT	S HOURS MIN.
70 RI	RTHPLACE ISTATE OFF	DREIGN 76 CITIZEN OF WHAT	COUNTRY?	34 37	O BALTIMORE CITY O	R COUNTY OF DEATH	
	COUNTRY	REIGN OF WHAT	MARRIE	D NEVER MARRIED		_	
1	SEHIN	[A.5, H	WIDOWE		MONTOO		MD
10 C1	TY OR TOWN OF DEAT		TAL, NURSING HOME (TY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR
5	luer sprin	9 HOLY CRI	133 HOSPI	TAL	Nat1. 4-H	Council	
130. S		IG HOME OR OTHER INSTITUTION GIVE RE	SIDENCE BEFORE ADMISSION	113d INSIDE CITY LIMITS?	134 STREET ADDRESS /	ZIR CODE	20795
	ma	MONTHOMERY KE	NSTA (NZ)	YES NO	4222 MC	Cain it	0011
H FA	THER'S NAME	HILL IN THE STATE OF THE STATE	IC SIK. Direc	15 MOTHER'S MAIDEN NA	-	HAZIV OV	
1	Josie	Garcia	LAST	Salvadora	WIDDLE	Unknown	LAST
			OCIAL SECURITY NO.	17 INFORMANT	ADDRE	\$5	
(1	YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES) 577	8-52-5161	Encarnacion	Garcia(Wife)	Same as 1	3E
		(Enter only one couse per line fo	r (0), (by and ici.)	A- 01	00 0	APPRI	OXIMATE INTERVAL IN ONSET AND DEATH
	PART I. DEATH WA	MAS CAUSED BY MMEDIATE CAUSE (0)	netasko	elic pla	Notes (c	me	2 40
	233						/
	Conditions, if ony,	unktak (CONSEQUENCE OF				
	gove rise to imm	ediote					
	couse (a), stating underlying couse		CONSEQUENCE OF			A 43	
	2.27.0	(c)					
z	PART 2 OTHER SIGN	IFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART	110
CERTIFICATION	19a DATE OF OPERAT	ON THE CONDITION	FOR WHICH OREDATIO	ALLWAS ASBEODIUS	Lee- AUTOREY?	Table IF VES WERE FIRM	2000
5	146 DATE OF OPERAT	ON THE CONDITION	FOR WHICH OPERATIO	IN WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINE IN CERTIFYING CAUS	
E					YES NO	YES 🗌	NO 🗆
	210. ACCIDENT WAS UNDE	110.10	AONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	EY IN ITEM 18 PART I OR PART 2)
EDICAL	(IF EITHER NOTIFY MEDIC		19				
0	21d INJURY OCCURR		TORY OFFICE, FARM ETC 1	211 LOCATION STREET	CITY OR TO	wn county	STATE
\$	WHILE NOT WHE	.E] 3	TORY OFFICE, PARM ETC)		1		
	220-1 certify that (1)	this hospital) attended the dec	osed from	12 26 19 8	7. to 12/3	19 87	. thoy () (we) lost
- 1	sow the decease	(did por view the body ofter d	25 19 8/ , or	nd that in (our) opinion	death occurred on the do	ste and hour and from t	he couses stated
1	226. SIGNATURE	Actual has view the body offer o		DEGREE		22c DA	JE SIGNED
1.4	V.00 0	1000	2/	ND ATTENDING	MEDICAL STAF		29/87
	220 PHYSICIAN'S NA	ME (TYPE OR PRINT)		220 ADDRESS	A DIKECTOK PHYSIC	IMIN	-1-
	POPP S	herer my	0	3947 Fe	rrara &	2r. wh	eaton m

23a BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 236 DATE 12/31/87 234 NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
S.S.

1 - STATE

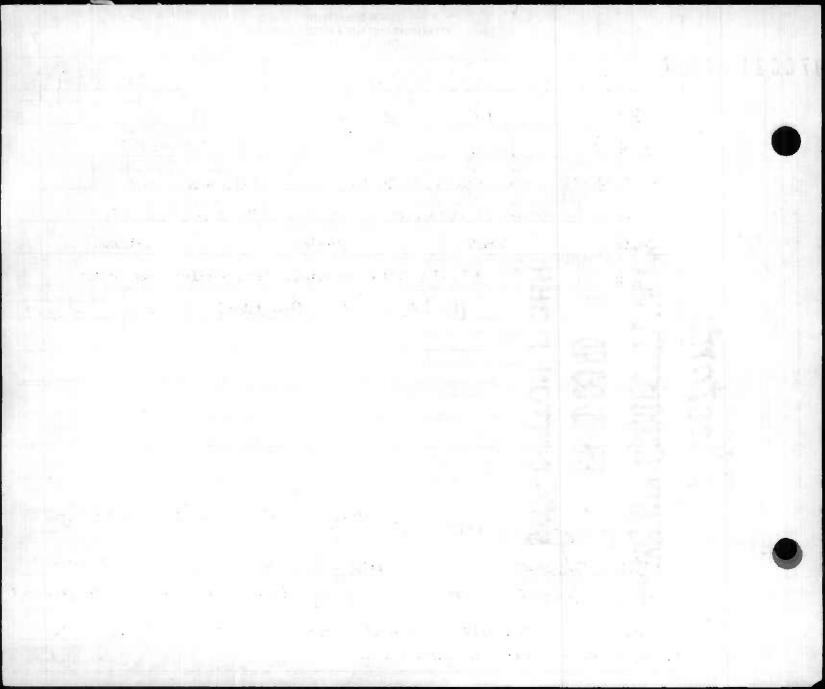
Gate of Heaven

Mont. Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Hines://Rinaldi 11800 New Hamp. Ave. S.S. Md. 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE



STATE OF MARYLAND

DEPART

MENT OF HEALTH AND MENTAL HYGIENE				3	
CERTIFICATE OF DEATH	8	REG. NO.	3	0	1

	+ 187	STATE REGISTRAR	DEPART		ICATE OF D	EATH	8 REG. NO.	6 1	8 8
		CEASED NAME FIRST	MIDDLE		AST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	(1176	James	Frederick	Garv.	in	132	December 1, 19:	87	COAM
	3. SEX		4. RACE	5. DATE O			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
4		male	white	OC.	t. 10	1942	45 YRS	MONTHS DAYS	HOURS MIN.
		RTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVERM	ARRIED .	9. BALTIMORE CITY OR COUNTY		
		Mass.	u.s.A.	WIDOW		ORCED 🔼	Montgomery C		MD.
1	10 CI	Vamas cus	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 25011 WOODFILE	ADDRESS)		TUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFT. END Spec.		F BUSINESS OR
100	USUA 13a S	TATE 136. COUN		N	13d. INSIDE CI		13e STREET ADDRESS / ZIP CODI		0670
2	IA EA	Maryland Mon	tgomery Vamascu	5	YES 15. MOTHER'S	NO X	25011 Woodfield	Kd. 20	0872
١	I4 FA	FIRST	MIDDLE LAST		F	IRST	WIDDLE	LAST	
Ł			ifton Garvin			thel	Bliss	Smith	
			E WAR OR DATES)	RITY NO.	17_INFORMAN		ADDRESS		
		yes Viet	Nam 226-56-9	624	Shirl	ey Jone	es. Item 13	677	MATE INTERVAL DNSET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which	lly one couse per line fag (a), (b), an D BY: IE CAUSE (a) DUE TO, O AS NSEOU	KE	meta	state.	lon lon	37 UNC	MOUTHS CRETAIN
		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A COMSECUE	NCE OF	Hin	e Co	lites	27	YEARS
	N	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO I	DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CONDITION GIV	EN IN PART 1:0	
X	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	IN CERTII	S, WERE FINDIN FYING CAUSES	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		21f. LOCATIO	N	CITY OR TOWN	COUNTY	STATE
		AT WORK AT WORK	tal) attended the deceased from	LAN	130	. 1978	to Deed, to Deed, to Deed and how		that (I) () last
1			t) view the body after death.	1	DEGREE AT	TENDING HYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE	WENED 4/87
	4	TOLNE, K	ilterther,	10	27e ADDRESS	I PE	PLINGTON BLI	9 22	03/
İ		URIAL, CREMATION, REMOVAL SPECIFY)		NAME OF C		REMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
	24 FII	Burial	Dec. 5. 1987	Midla	nd Ceme	tery	Midland, V	irginia	IIDE

DHMH - 16 60M 7/84

IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at ather tra

(VRA 15, 4)

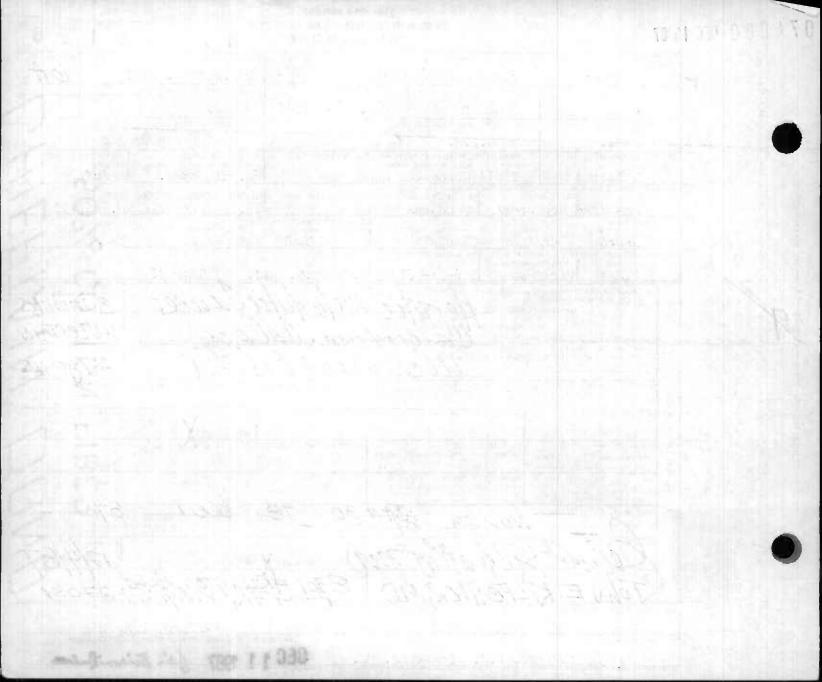
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NAME moresworth, P.A Olin 1

Damesseus, Md.

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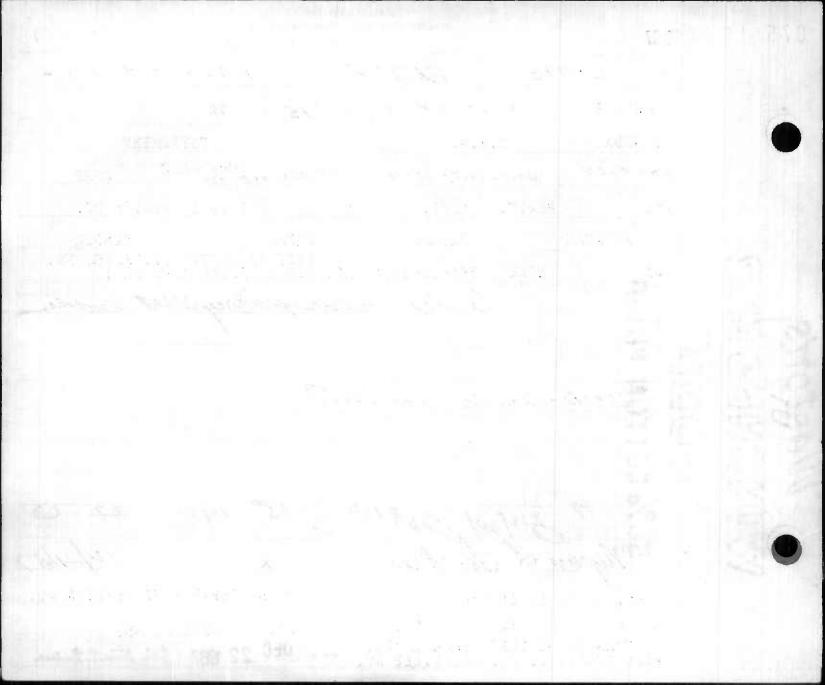


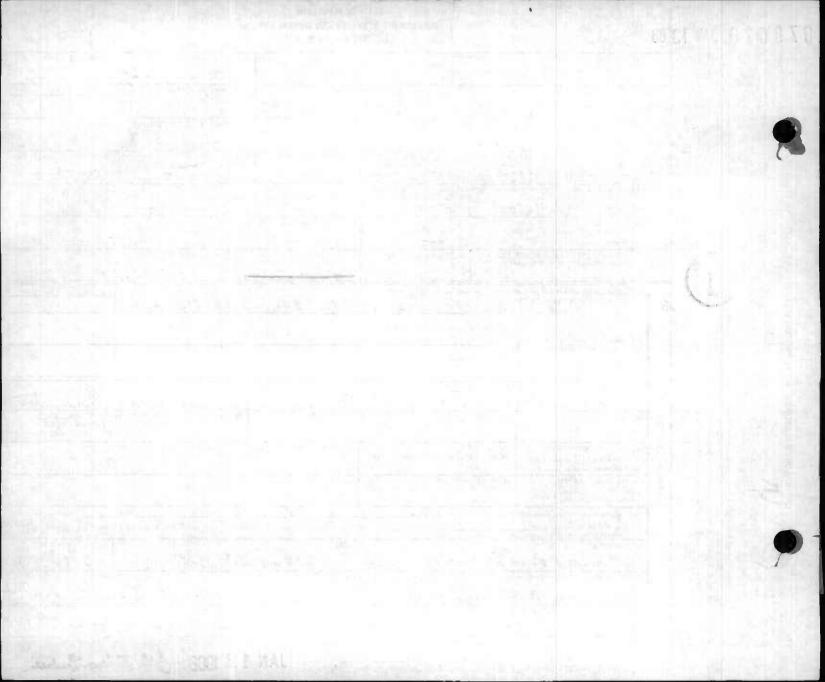
STATE OF MARYLAN	D	
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075	5945	DEC	2B-	FOR STATE REGISTRAR			DEPARTA		ALTH AND MENTAL HYG	IENE B REG N	. 3 6		8 9
	nay be page 3			CEASED NAME OR PRINT)	FIRST		MIDDLE	STO	V.	JEC, 2		F7 2b	HOUR A
	e 4 may ctar. pag s ofter de		3 SE)	ÆMALE		CAUC	ASIAN	5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY) IF UN		UNDER 24 HRS
0	eath. Pag	3		RTHPLACE (STATE OR FOR	EIGN		WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY O		HTAB	MD
5	s ofter de	0		TY OR TOWN OF DEATH	1	11. NAME OF	HOSPITAL NURSIN	G HOME O	ROTHER INSTITUTION	12a USUAL OCCUPAT	ION 12	HOME	JSINESS OR
ND 2120	24 hours	5	13a. S M	AL RESIDENCE (IF NURSING TATE 13	HOME OR	OTHER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	2	0902
MARYLA	empletely pmd 2 sh	exolument	14. FA	THER'S NAME ABRAHAN	и ^	n/DDLE	FEIMAN		15 MOTHER'S MAIDEN NA. FIRST SARAH		ВІ	ENDER	
IMORE.	n and ca	medica	16a V	VAS DECEASED EVER IN (ES NO OR UNKNOWN)	U.S. ARA	MED FORCES?	058-26-	2970	MR. OSCAR	LAMBERTON GASTON (ESSDR.; SS HUSBANI	SPG., A	ID.
ON ST., BAL	h certificate iding physici crbanpaper ar removal.	ofic event, th		18 CAUSE OF DEATH OF PART I. DEATH WAS	CAUSE	E CAUSE (a)	R AS A CONSEQUE	Ca	rdureope	Boy a	real	STALL	TAND DEATH
W. PRESTON	by the atter ase remove I, cremation,	other traum		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF									
RDS, 20	equires to regimed Then plea to buria	injury, or	NO	PART 2 OTHER SIGNIE	SOL	ONDITIONS C	ONTRIBUTING TO I	CEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN II	PART 11a	
IL RECORDS	on. has been t permit. ene prior	S S S S S S S S S S S S S S S S S S S	CERTIFICATION	19a DATE OF OPERATIO	N	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOXX	20b. IF YES, WE IN CERTIFYING	CAUSES OF	
OF VITA	CIAN: T g physici ertificate ial-transi	4 9 E 9		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	USE OF DEA	TH HOUR A	DF INJURY .M. MONTH D/ .M.	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IS PART 1	DRPART 2)	
IVISION	affending ter this case the burners	rked or h	MEDICAL	216 INJURY OCCURRED			OF INJURY REET FACTORY, OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TO	OWN (COUNTY	STATE
	spital or CTOR. Al far use of Health	21 is mo		220.1 certify that (1) (1) saw the deceased abave, (1) (we) (did	alive on	11/2	2/ 42	5/	d that in (my) our opinion	death occurred on the d	ate and havr and	8.2. that I from the cou	
	by the hore ERAL DIRE	NT. # Item		276. SIGNATURE	n	20	Luky	en		MEDICAL STA		ne DATE SY	1/82
	O HOSPITAL etained by the TO FUNERAL should be detined with the State	MPORTAN		DR. MYRO	N L	LENK				SHOREFIEL	D RD WH	PEATON	I MD.
	BP	_		BURIAL, CREMATION, RE		_	1-87 M	T. L	EBANON CEM.	23d LOCATION CITY OR TOWN ADEL	DUT HO	UNIY	STATE
	DHMH - 16 60M (VRA 15, 4		24 F-	TANZANSKY- 1170 ROCKI	GOL	DBERG E PK.	MEM. CHP. ROCKVIL	INC LE Mi	5. J. [DE	FREC'D. BY REGISTRAR	Julia Da	S SIGNATURE	adara

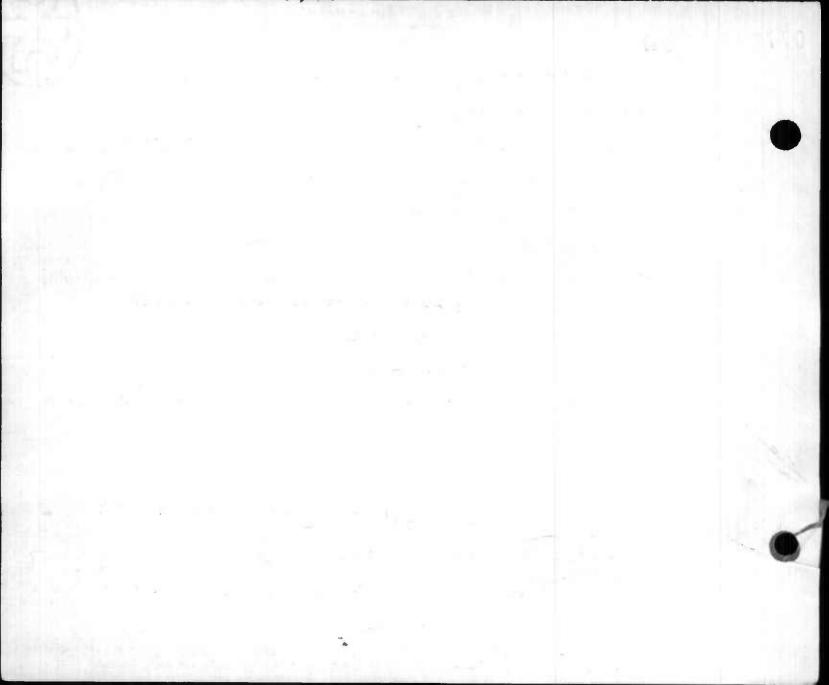




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DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2a DATE OF DEATH MONTH 26. HOUR Geddes Μ. PM IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR YEAR Aug. 31.1909 78 YRS BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MONTGOMER DIVORCED 12a LISUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CBS News Admin. Assistant 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? NO [4609 Bayard Blvd 15 MOTHER'S MAIDEN NAME Maude Cavin 17 INFORMANT 8713 Crider Brook Way Ellin G.Leon (Daughter) Potomac, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH AR REST CARDIO RESPIRATOR PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DISECTIVE AN PURY SIN POCIDENI 20a AUTOPSY? 28b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOR YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21f. LOCATION STATE CITY OF TOWN COUNTY and that in (my) (and applied a point of the date and hour and from the causes stated STAFF ATTENDING MEDICAL ATTENDING MEDICAL STAFF
PHYSICIAN TO DIRECTOR PHYSICIAN 22e ADDRESS WISCONSIN 8218 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN Rock Creek Cemetery Dec. 24.1987 Washington, D.C. 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE A 24 FUNERACTOR DeVol Funeral Home 2222 Wisc. Ave. Washington, D. C.



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IMPORTANT: If hem 21 is

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FOR - STATE

3. SEX MALE

REGISTRAR DECEASED NAME (TYPE OR PPINE)

NEW YORK

USUAL RESIDENCE (# NUR. 130. STATE

MARYLAND 4. FATHER'S NAME

To. BIRTHPLACE (STATE OR FOREIGN

10 CITY OR TOWN OF DEATH

SILVER SPRING

16a WAS DECEASED EVER IN U.S. ARMED FORCES

FOR STATE REGISTRAR		DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	BIENE 8 7 _{REG. NO.} 3	6 1	92		
EASED NAME OR PPINT) JAC			ast SHANOV	20. DATE OF DEATH MONTH	1987	12:40P		
ALE	E 4. RACE WHITE		S DATE OF BIRTH A 1918		MONINS DAYS	IF UNDER 24 HRS HOURS MIN.		
THPLACE (STATE OR FORE	76. CITIZEN OF	A. WHOOVE	NEVER MARRIED DIVORCED	MONTGOMERY COUNT				
YORTOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSING HOME OF ACAILTY GIVE STREET ADDRESS) ROSS HOSPITAL	R OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) MERCHANT - OWNER HARDWARE				
TATE 131	HOME OF OTHER INSTITUTION, B. COUNTY MONTGOMERY	GIVE RESIDENCE BEFORE ADMISSION) 134. CITY OR TOWN SILVER SPRING	13d. INSIDE CITY LIMITS?	13° STREET ADDRESS 15107 INTERLACE	2090 HEN DRIV			
THER'S NAME ORRIS	MIDOLE	GERSHANOV	15. MOTHER'S MAIDEN NA ANNA	ME MIDDLE	EPST	EIN		
AS DECEASED EVER IN	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 578-16-1091	17 INFORMATIER GET	RSHANOV, APPINOT INTERLACHEN UR. SILVER SPRING, MARYLAND				
18. CAUSE OF DEATH (I PART I. DEATH WAS	BETWEEN C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
Conditions, if ony, w gove rise to immed couse 101, stating	hich (b)_	RAS A CONSEQUENCE OF	yalın çmeğ		14.	uc		

Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF		14 mc				
gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF						
PART 2 OTHER SIGNIFICANT COL	NDITIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	DITION GIVEN II	PART 10		
19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	H OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES YES					
71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	IY IN ITEM 18 PART 1	OR PART 2)		
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN (COUNTY STATE		
22a.l certify that (I) (this haspital) sow the deceased alive on above, (I)/we) (did) (did not) v		nd that in (my) (aur) apinion d	eath occurred on the de	1	, that (I) (we) lo I from the causes stated		
276. SIGNATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	Play(87		

BP. DHMH - 16 50M 1/81

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HOSPITAL

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL BURIAL 236. DATE 12/27/1987

22d PHYSICIAN'S NAME (TYPE OR PRINT) DR. EDGAR H. LEVIN, M. D.

230 NAME OF CEMETERY OR CREMATORY KING DAVID MEMORIAL

22e ADDRESS

SILVER SPRING. MARYLAND

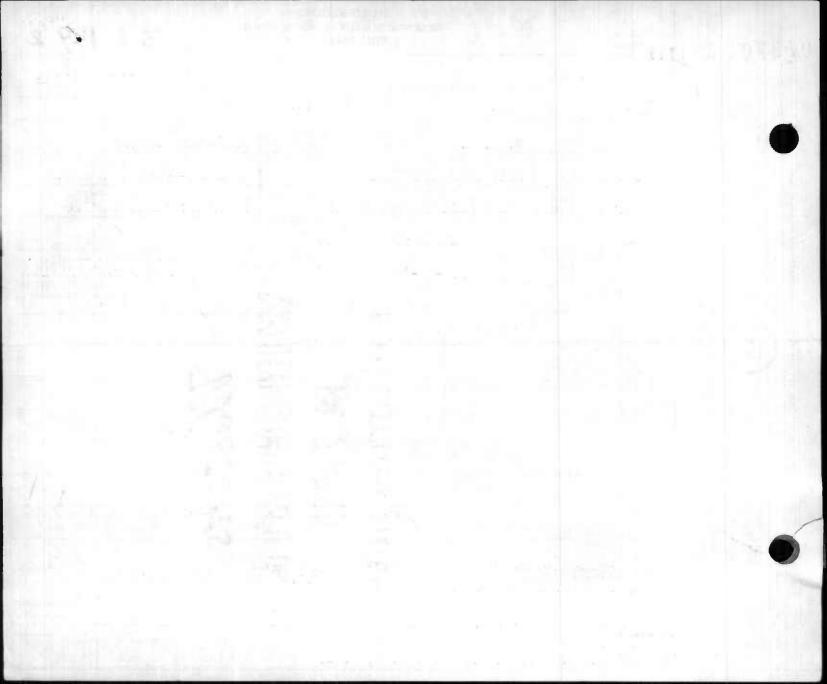
GARDEN OR TOW FALLS CHURCH

9801 GEORGIA AVENUE

VIRGINIA

232 CARROLL STREET WASHINGTON. D. C.

DEC 2. 9 1987



ATTENDING PHYSICIAN The low requires that the death certificate be

retained by the haspital or ottending physicion.

TO HOSPITAL OR

075128

in by the funeral director page 3

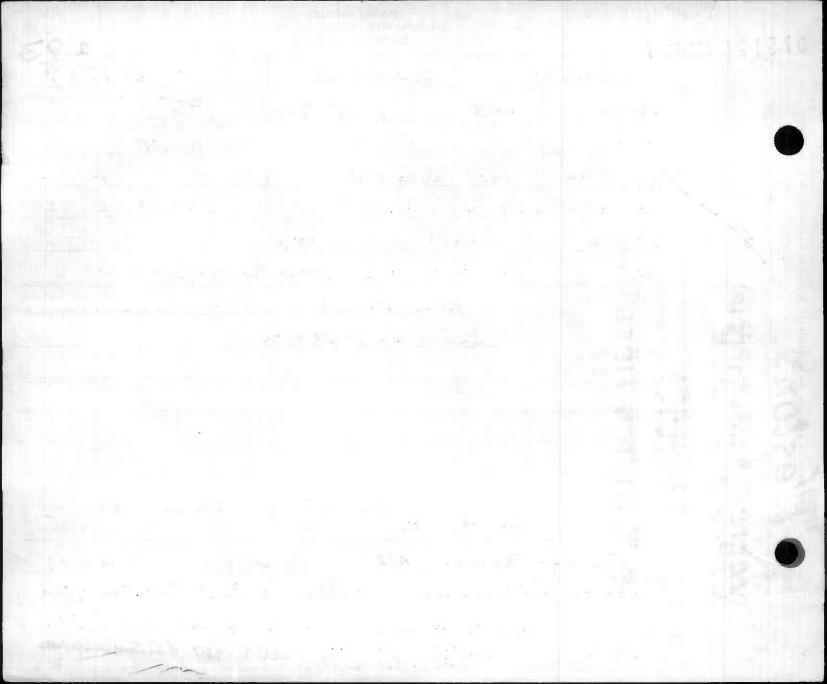
STATE OF MARYLAND

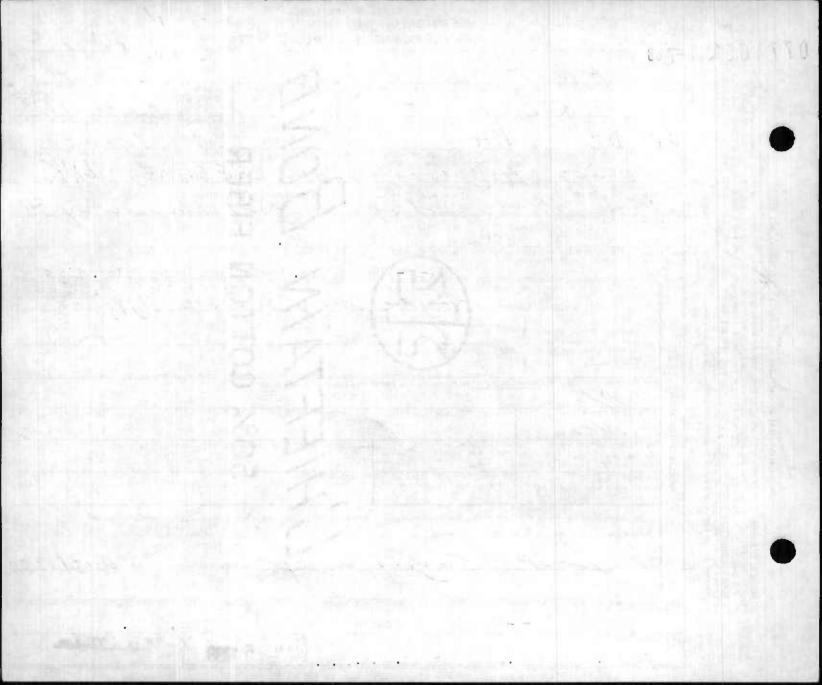
	FOR 1 - STATE	DEP		EALTH AND MENTAL HYG	IENE	* 9		0	
1	16 REGISTRAR				Q REGIN	0.	5 4	43	
ı	T. DECEASED NAME FIRST [TYPE OR PRINT] LEONARD	3JODIW	~	ESCHI	20 DATE OF DEATH	12. 10	87 G	HOUR	
I	3. SEX	4. RACE	S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UN		UNDER 24 HRS	
l	MALE	CAUC	MONTH	03 92	9.	YRS MONT		DURS MIN.	
	Ta. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Italy	76 CITIZEN OF WHAT COUN	MARRIEI WIDOWE	DINEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH				
1	10 CITY OR TOWN OF DEATH STLUCK SPRING	11. NAME OF HOSPITAL, N	JURSING HOME C		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C Retired		26 KIND OF BUNDUSTRY tone Ma	USINESS OR ason	
1	USUAL RESIDENCE (IF NURSING HOME O 130 STATE 136 COU Maryland Mont	ROTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE erwood C	Court	2090	
1	14 FATHER'S NAME FIRST Celestino	Giannesch		15. MOTHER'S MAIDEN NAME FIRST Lacopina	WE	S	imonet	ti	
1	160 WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL	L SECURITY NO	17 INFORMANT	ADDR	ESS			
Ì	N/A (IF YES, GI	N/A 579-0	03-2078	Anne Mischou-	-daughter-	(same as			
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	ED BY	NAL FI	gilure			APPROXIMATI BETWEEN ONSE	INTERVAL TAND DEATH	
-	Conditions, if any, which gave rise to immediate cause (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON		OF BLANDE		IDITION GIVEN I	N PART Ita		
4	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	WHICH OPERATIO	200 AUTOPSY?		WERE FINDINGS USED (ING CAUSES OF DEATH?			
1	OR CONTRIBUTION CAUSE OF OF	HOUR A.M. MONTE	H DAY YEAR	21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I	ORPART 2)		
	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, C	OFFICE FARM ETC)	211 LOCATION STREET	CITY OR TO	COUNTY	STATE		
	220.1 certify that (1) (this hasp sow the deceased alive a above, (1) (we) (did) (did a	n Dea 16		nd that in (my) (own apinion	deoth accurred on the d	ote and hour and		t (It (2000) lost ses stoted	
	226. SIGNATURE	a Hunes	ms	PHYSICIAN L	MEDICAL STA	FF CIAN [12 - 11-		
	BERNARD A	G. FizgeRA	10	217 UNIVERSI	Ty Blus E,	SLucas	PRINT.	md	
	230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial			emetery or Crematory incoln Cemeter	23d LOCATION CITY OF TOWN TY Brentwo	od Pr. C	Seorges	Md.	
	24 FUNERAL DIRECTOR Hine'S'/Rinaldi Fu	moral Home 11	800 N.H. 1ver Spr	Ave., 250 DAY	C 15 1987		SSIGNATURE	ndell	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIFECTOR: After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remaye carbon papers: with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

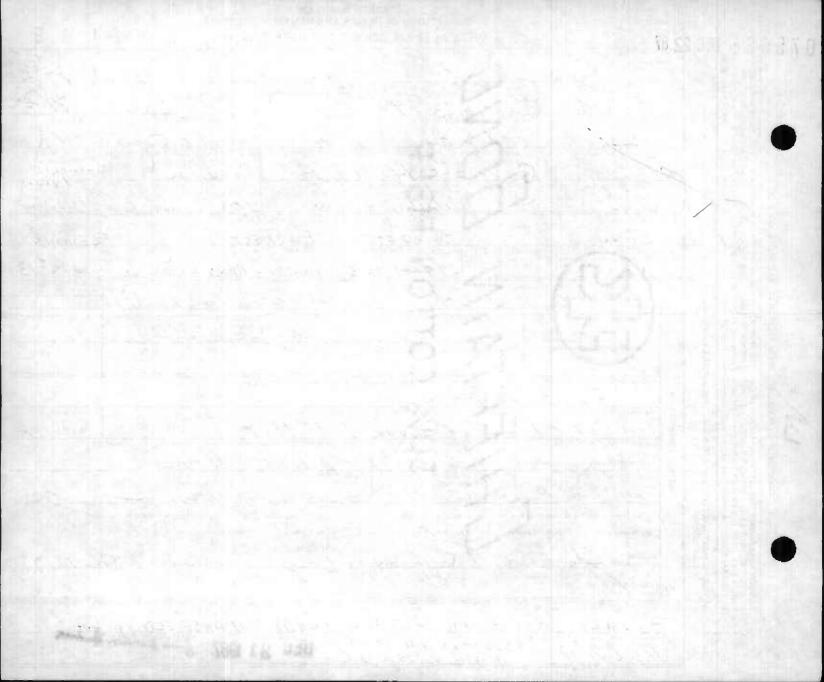
IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, at other tra





DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-DIRECTOR. OUR FILES. HOURS DEATH MATED 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 20 DATE MONTH OST BIRTHDAY) DAY PRONOUNCED DEAD 19 70 BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY DIVORCED CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION CATHOLIC 113b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS M. FATHER'S NAME MIDDLE ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO DIVISION (YES, NO, OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b). APPROXIMATE INTERVAL TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, 1864 5 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FURBAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL- TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIRECTOR TO AND 21201 PROR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 216. TIME OF INJURY CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM MONTH DAY OR UNDERLYING CONTRIBUTING TEAUSE OF DEATH 19 0 21e PLACE OF MUURY (ATHOME, 21f LOCATION AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Inspection and in my apinian Accident death resulted fram: Natural causes Suicide L Hamicide ____ Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER SMAME TYPE OR BRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE PANSFIELD 250. DATE REC'D. BY REGISTRAR! 256 RECH **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND



DHMH - 16 60M 7/84 (VRA 15, 4)

director, page 3

STATE OF MARYLAND

FOR STATE AREGISTRAR	DE		EALTH AND MENTAL HYG ICATE OF DEATH	TENE BEG. NO.	5 1 9 (
T DECEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR					
JOSEPH	WARREN	GOL	.D	DECEMBER 29, 1	.987 3:16 A					
3. SEX	4. RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS A					
MALE	WHITE		JARY 3, 1957	30 YRS						
70. BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COL	JNTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH					
New York	U.S.A.	WIDOWE	D DIVORCED	MONTGOMERY						
BETHESDA	11 NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GP CLINICAL C	VE STREET ADDRESS)	R OTHER INSTITUTION (H)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING BUSINES Exec.	IZE KIND ORE THE ST INDUSTRY HECHT CO. 7					
DISTRICT OF	DUNTY 13c. CITY C	CE BEFORE ADMISSION) OR TOWN INGTON	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP CO	OE 7999 T. NW 20009					
COTHER SNAME	MIDDLE L	AST	15. MOTHER'S MAIDEN NA	ME	LAST					
MICHAEL		OLD	CHARL		WORTH					
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIA	AL SECURITY NO.	17. INFORMANT		Old Orchard					
NO	136-	40-7001	MRS. CHARLO	TTE GOLD (MOTHE	R) Wayside, NJ					
18 CAUSE OF DEATH (Ente	or only one couse per line for (o).	, (b), and (c)	a Transfer		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA					
	DIATE CAUSE (b)	LITE RESI	PIRATORY FR	nupl	mins.					
	DUE TO, OR AS A COI		NOT RELATED TO THE TERM	ninal disease or condition c	GIVEN IN PART 100					
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	INCER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO X					
	FDEATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART) OR PART 2)					
OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOTIWHILE AT WORK AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY	OFFICE, FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE					
220.1 certify that (K(this h sow the deceased ally above, (K(we) (did) (K	226.1 certify that (K (this hospital) attended the deceased from SEPTEMBER 23, 19 87 to DEC. 29, 19 87, that ox (we) loss sow the deceased alive on DEC. 29, 19 87 and that in tox (we) loss of the deceased alive on DEC. 29, 19 87 and that in tox (we) loss of the deceased alive on DEC. 29, 19 87 and that in tox (we) loss of the deceased alive on DEC. 29, 19 87 and that in tox (we) loss of the deceased alive on DEC. 29, 19 87 and that in tox (we) loss of the deceased alive on DEC. 29, 19 87 and that in tox (we) loss of the deceased alive on DEC. 29, 19 87 and that in tox (we) loss of the deceased alive on DEC. 29, 19 87 and that in tox (we) loss of the deceased alive on DEC. 29, 19 87 and that in tox (we) loss of the deceased alive on DEC. 29, 19 87 and that in tox (we) loss of the deceased alive on DEC. 29, 19 87 and that in tox (we) loss of the deceased alive on DEC. 29, 19 87 and that in tox (we) loss of the deceased alive on DEC. 29, 19 87 and that in tox (we) loss of the deceased alive on DEC. 29, 19 87 and the deceased alive on DEC. 29 and the deceased alive on DEC. 20 and t									
22b. SIGNATURE	MEDICAL STAFF DIRECTOR PHYSICIAN	12/29/8								
226. PHYSICIAN'S NAME IT	YDEORPRINT) TWARD CHU		CLINICAL CI	NSTITUTES OF HEA	ALTH . MD 20892					
230 BURIAL, CREMATION, REMO	12/31/87	Beth Is	EMETERY OR CREMATORY rael Cemetery	Woodbridge,	New Jersey					
24 FUNERAL DIRECTORDANZ	ANSKY-GOLDBERG Pike; Rockvill	MEMORIAL e, Md. 20	CHAPELS JA	N 4 1988 256. REG	ISTRAB'S SIGNATURE					

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ed in by the funeral director, page 3 d be filed within 72 hours after death

thrate has been signed by the attending physician places in permit. Then please remove carbon papers. Pair in thygiene priar to burial, cremation, or remayal.

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STATE OF MARYLAND

1	FOR			ULPA	KIMENI UP HI	EALTH AND MENTAL	HTGIENE				~	and a	
I B	STATE				CERTIFI	CATE OF DEATH	2	REG. NO.	3 0) }	7	1	
	CEASED NAME	FIRST	٨	AIDDLE	LA	AST	20 DAT	E OF DEATH MON	NTH DAY	YEAR	2h HO	UR	
(14be	OR PRINT)	ANNIE		F.	G	OLDMAN	Dec	cember 26	1987	7	6:35	i n.M	
3 SEX	X		4. RACE		5. DATE O		6 AGE	(IN YEARS LAST BIRTHOAT	Y) IF UN	HS DAYS	HOURS	R 24 HRS	
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P	oland		U.S.A.		WIDOWE		ñ.	Montaome	ru Coi	intu.		MD.	
10 CI	TY OR TOWN OF	DEATH	11. NAME OF H	OSPITAL, NUF	SING HOME O	R OTHER INSTITUTION		JAL OCCUPATION	1	2b. KIND C NDUSTRY)F BUSIN	ESS OR	
R	ockville	ALT E	Rockvil	SO NUT	sing Hor	mo		work for most of wo emaker	KKING LIFE)	Home.			
USU	AL RESIDENCE (IF N		OTHER INSTITUTION.	GIVE RESIDENCE BE	FORE ADMISSION)					Home			
	aruland	Mon.	tgomery	ROCKU.		134 INSIDE CITY LIMITS		Adclare		12085	01		
-	THER'S NAME	1.1010	ogomoty	- ROCICO	0000	15 MOTHER'S MAIDEN		Aucture	Nuu	2000	<u> </u>		
	FIRST	N O W	MIDDLE	LAST		Catalo		WIDOLE		LAS	IN LUNC	11/1	
lán V	UNK VAS DECEASED EV		N MED FORCES?	16b. SOCIAL S	ECLIPITY NO	Sarah 17 INFORMANT		ADDRESS	CiO.		KNOW		
('	YES, NO OR UNKNOWN)		E WAR OR DATES)				mt Dan	-6+0+-0/1		ver S			
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	18 CAUSE OF DE	ATH (Enter or	ly one couse per D 8Y	ling for (0), (b)	ond icit			+	-	BETWEEN	ONSET AND	DEATH	
	IMMEDIATE CAUSE 10) Christian willow												
	DUE TO, OR AS (CONSCOUNTS OF												
	Conditions, if ony, which gove rise to immediate												
	couse (o), stating the underlying couse lost.												
	underlying co	ouse lost.	((c)										
_	PART 2 OTHER S	IGNIFICANT	CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE T	TERMINAL DIS	EASE OR CONDITION	ON GIVEN I	N PART 1	0		
CERTIFICATION													
CA	190 DATE OF OPE	RATION	196 CONDI	TION FOR WH	ICH OPERATION	N WAS PERFORMED	200 A	200 AUTOPSY? 20b IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF					
TIF							YES [□ NON	YES [S NO			
U	210. ACCIDENT WAS			F INJURY M. MONTH	DAY YEAR	21¢ HOW INJURY OC	CURRED (ENT	ER NATURE OF INJURY IN	ITEM 18 PART I	ORPART 2)			
CAL	OR CONTRIBUTING		111		19								
AEDICAL	21d INJURY OCC	URRED	21e PLACE		ICE FARM STC)	211 LOCATION		CITY OR TOWN		COUNTY STATE		STATE	
2	WHILE NO	THE NOT WHILE TO											
	220.1 certify that (I) (this haspital) attended the deceased from 1983, to 12-36, 1982, that (I) (we) lost												
13	saw the deceased alive an 12-9 19-87, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.												
	22h. SIGNATURE	eriala) (dia no	n view me body	oner deom.	[DEGREE				22c DATE	SIGNED	-	
	1)00	ald J	Kuru			MA ATTENDIN		CAL STAFF		12-0	17-8	57	
19	22d. PHYSICIAN'S	S NAME STYPE	OR PRINTI	1000		22e ADDRESS	9 110	10 C 1/4	11 0	1			
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220 [BURIAL CREMATIC					EMETERY OR CREMATO	-110	OCATION	000	2.(
	ISPECITY)	JIN, KEMOVAL	12/28/			Hem.Park	Z30 1	CITY OR TOWN	Massa	DALL CO	++1	STATE	
	UNERAL DIRECTO	3) A XI 7 A XI	SKV-G011	DREDG M	-MOUTAT		DATE REC'D	Boston,				<u> </u>	
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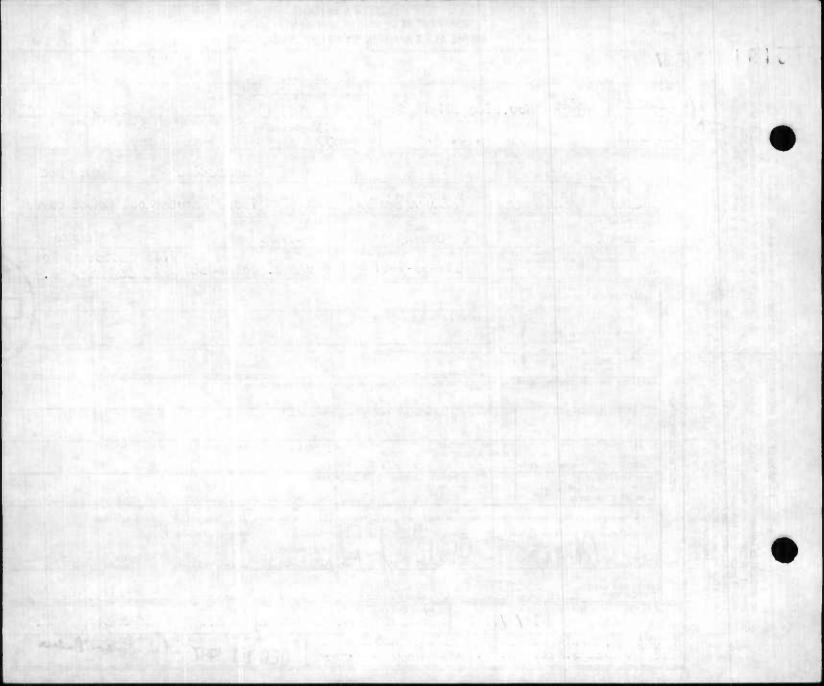
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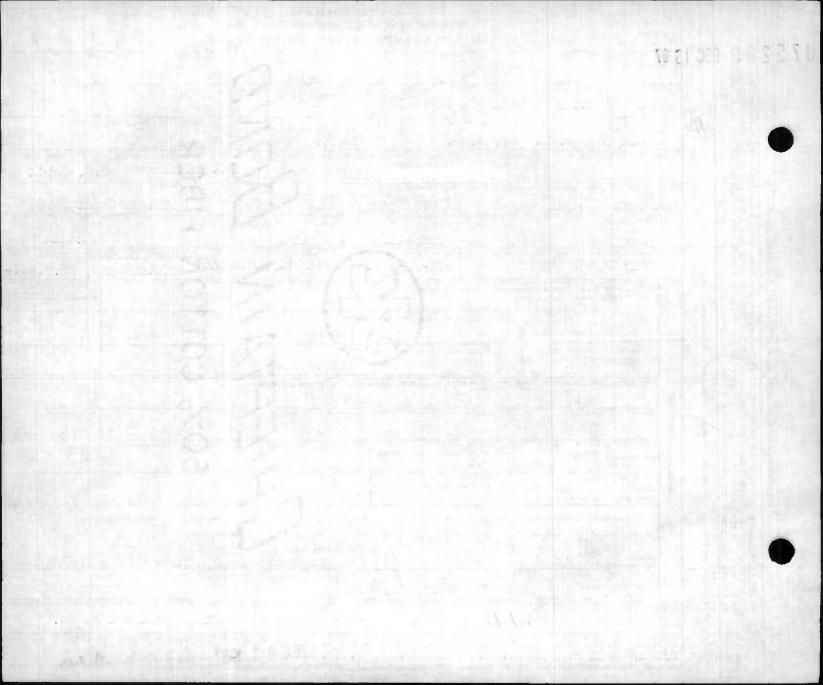
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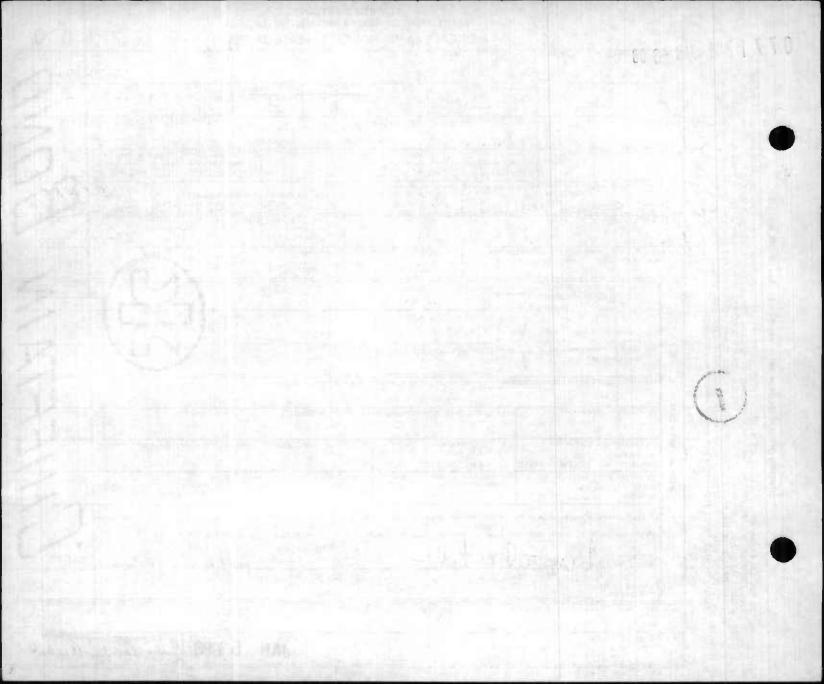


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR S OF FEASED NAME 20 DATE KNOWN 26 HOUR OF ESTI-DEATH MATED Joseph Goldstein 19 4 RACE IF UNDER 24 HRS 2d HOUR DATE April 30. PRONOUNCED Male White. 6AM DEAD 10 87 76. CITIZEN OF WHAT COUNTRY? RIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington. D. C U. S. A. WIDOWEDXX DIVORCED Montgomery County O CITY OR TOWN OF DEATH U.S. GOV't Tristallations Silver Spring Holy Cross Hospital Officer SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Montgomery Silver Spring Beaverbrook Court 20906 Maruland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Miller Abe M. Goldstein Lena 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 9140 Scenterway Road. IAL SOCIAL SECURITY NO David E. Goldstein Gaithersburg, Md. 20879 (YES, NO OR UNKNOWN) (IF YES, GUILLAR OR DATES) 578-38-5992 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Multiple injuries DUE TO OR AS A CONSEQUENCE OF Conditions, it any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DRWARDED TO THE CH.
R: PAGE 3 SHOULD BE U.
E STATE DEPARTMENT OF YES NO 2 In. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 5:5580 12 7 19 87 Passenger in auto/auto impact 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f LOCATION MD STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK Georgia Ave & ForestGlen Rd, SilverSpring, Mont road L DIRECTOR: PAIN WITH THE STA Autopsy X 220. I certify that I taak charge of the remains described above, held on and in my apinian Accident X death resulted from Natural couses Suicide Undetermined monner TITLE (SPECIFY) PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, BALTIMORE, M DATE 12/7/87 MASSistant Mario F. Golle, Jr, M.D. ADDRESS EXAMINER'S NAME 111 Penn St. Balto., DM. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 132 NAME OF CEMETERY OF CREMATORY Judean Memorial Gardens 23d LOCATION (SPECIFY) Burial Montgomery. Md. STATE "Olney. DONALDOM: STEIN HEBREW MEMORIAL FUNFRAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 DEC (VR A15 ME (5))



Ruck Towson Funeral Home, Inc., Towson, Md. 21204

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atic event, the medical attending physician and of the corbon popers. Pages

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STATE OF MARYLA	ND
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STATE REGISTRAR 1 DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH 3. SEX 3. SEX 4 RACE 5. DATE OF BIRTH MONTH DAY YEAR COUNTRY? 70 BIRTHPLACE (STATE OR FOREIGN WONTH) 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUICH FACILITY, GIVE STREET ADDRESS) 120. DATE OF DEATH MONTH DAY YEAR MONTH DA	2b HOUR IF UNDER 24 HRS. HOURS MIN.
1. SEX 5 2 Am	
3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR OG - 17 - 1918 70. BIRTHDACE (STATE OR FOREIGN COUNTRY) MARRIED NEVER MARRIED WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 120. USUAL OCCUP	
Month Caucasion 70. BIRTHPLACE (STATE OR FOREIGN MONTHS) MARRIED MONTH OB - 17 - 1918 YRS MONTHS DATS WID WID WEVER MARRIED DIVORCED MONTH OR COUNTRY OF COUNTRY OF DEATH WID WID WED DIVORCED MONTH OR COUNTRY OF DEATH 110. CITY OR TOWN OF DEATH 111. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 1120. USUAL OCCUPATION 1130. KIND OF DATS	
78 BIRTHPLACE (STATE ORFOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED 110 CITY OR TOWN OF DEATH 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 7 126 KIND OF DEATH	HOURS MIN.
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Betherda Duhurbon Hospital Personnel Otticar State	Dept
USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS / ZIP CODE	At the
Maryland Montgomer Kenzinston YES NO 10226 Parkwood Dry	4/4
14. FATHER'S NAME	
Cleto Governez Marie Gon.	
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	1
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 514-03-4253 Cathering Garages 10226 Park 110000	Donie
	MATE INTERVAL
PART I. DEATH WAS CAUSE (a) Color to the about Viocus 12	w
DUE TO, OR AS A CONSEQUENCE OF	0
Canditions, if any, which (b) Carcuma of stomach 3	norithe
gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF	
underlying cause last.	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.	
PART & OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 18	
	NGS USED
	NGS USED
Charle Oles Tuelle Jung discuss 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDING CAUSES YES NO YES YES 100 CERTIFYING CAUSES YES 100 ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR PART 2)	GS USED OF DEATH?
Character of operation 196 condition for which operation was performed 206 autopsy? 206 if yes, were finding causes yes no 216 accident was underlying 216. Time of injury Hour am. Month Day year 216 How injury occurred (enter nature of injury in item 16 part 1 or part 2)	GS USED OF DEATH?
Character of operation 196 condition for which operation was performed 206 autopsy? 206 if yes, were finding causes yes no 216 accident was underlying 216. Time of injury Hour am. Month Day year 216 How injury occurred (enter nature of injury in item 16 part 1 or part 2)	GS USED OF DEATH?
C WATER OF OPERATION 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDING CAUSES YES NO YES NO YES NO PART 2) 210 ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 210 ACCIDENT WAS UNDERLYING NOTIFY MEDICAL EXAMINER) P.M. 19 210 AUTOPSY? 200 IF YES, WERE FINDING CAUSES YES NO YES NO PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR 19 211 AUTOPSY? 210	NGS USED OF DEATH? NO
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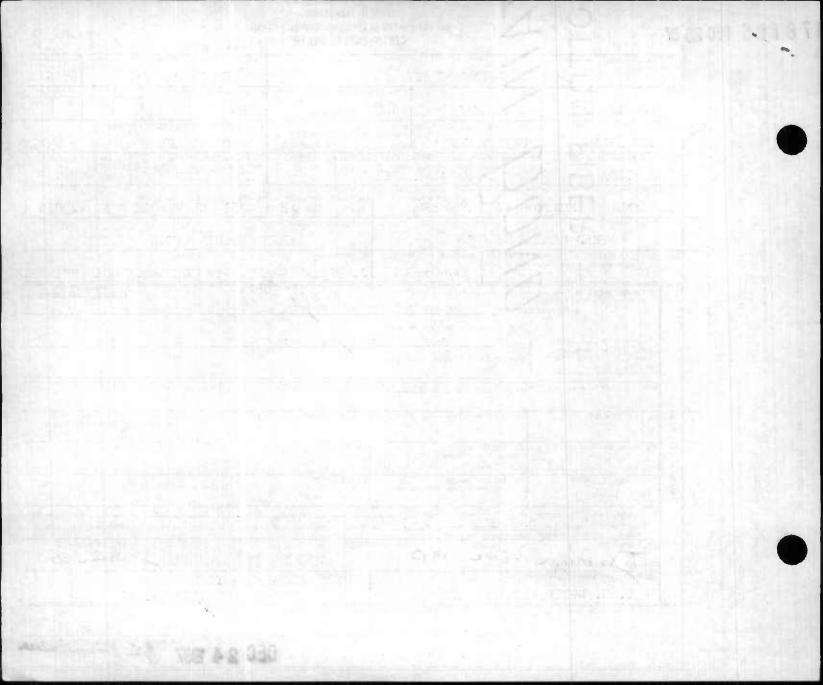
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

STATE OF MARYLAND

FHEALTH AND MENTAL HYGIENE	(3)	-	- 2	6	2	0	2
IFICATE OF DEATH	5	FEG. NO.	53	(1)	60	10	6

176	18-5 DEC	28	87	FOR - STATE REGISTRAR			DEPAR	MENT OF	EALTH AND MENTAL HYG FICATE OF DEATH	IENE & FG. N	. 3	6 2	0 2	
					FIRST	1	MIDDLE		AST	20 DATE OF DEATH	MONTH DA	LY YEAR	26 HOUR	-
	ay be		[[TPM	E OR PRINT)	AGNE	S JEAN	ETTE GRA	YC		DECEMBER	22 198	7	6:05 P	M
	ad.		3. SE	X	4.	RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	IF UNDER 24 HRS	
	oge 4			FEMALE		CAUCA		JUN	E 3 1922 YEAR	65	YRS	ONTHS DAYS	HOURS MIN.	
	P. P. P.	W	7a 8	IRTHPLACE (STATE OR FOR	EIGN 76		WHAT COUNTRY	? 8. MARRIE	DE NEVER MARRIED	9 BALTIMORE CITY	R COUNTY C	OF DEATH		
	deost	3		HODE ISLAND			D_STATES	WIDOWI	DI DIVORCED	MONTGOM			WE	D
	the f	1		ITY OR TOWN OF DEATH	1	(IF NOT IN SU	HOSPITAL, NURS	ING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATE		126. KIND C	OF BUSINESS OR	
201	2	1	100	BETHESDA			NAVAL		AL	HOME MAKE		OWN	HOME	
MARYLAND 2120	fitted in ould be	5	13a.	AL RESIDENCE LIF NURSING STATE 13 RYLAND M	HOME OR OF LOUNTY ONTGO	Y	136 CITY OR TO BETHES	WN	13d INSIDE CITY LIMITS? YES NO XX	13ª STREET ADDRESS . 7510 GLE	ZIP CODE NBROOK	ROAD	20814	
RYL	thir Ask		14. F	ATHER'S NAME	AA II	nni f	LAST		15. MOTHER'S MAIDEN NA	ME				_
MA	p la la	(FRED	GEOR	GE MICI	HELS		HELE	N CECELÍA L	YNCH	LAS	JI	
RE,	id cd	1	16a.	WAS DECEASED EVER IN		ED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	SS			
BALTIMORE,	oe exec in ond Poges			YES NO OR UNKNOWN) (-	VAR OR DATES	039-05	-9816	J.WILLIAM GR	ADY,7510 GL	ENBROO	K ROAD	, BETHESI	DA,
BALI	ote l ysicio spers vol.			18 CAUSE OF DEATH (Enter only	one couse per	line for (a), (b), c	nd (c+.)	MD 20	0814		BETWEEN	ONSET AND DEATH	
ST.,	phy ship					BY: CAUSE (0)		PULMO	NARY ARREST	Elelia IIII				
NO	th ce					DUE TO, O	R AS A CONSEO	JENCE OF						
EST	ecoti eve c illon,			Conditions, if any, w		(b)_	SEV	ERE PH	LMONARY DISEAS	SE		1500		
I W. PRESTON	by the sound	signed by the a hert please remo to burial, cremat qury, or other tro	other fr		gove rise to immediate cause (a), stating the underlying couse lost									
DS, 201	againes 1 agoed her ple to burio		N N	PART 2 OTHER SIGNIF	ICANT CO	12.	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0	=
RECORDS,	A Parent	7	CERTIFICATION	19a DATE OF OPERATIO	N	196. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES,	WERE FINDI	NGS USED	-
IL RE	No. of Party		Ę							YES KI NOT	IN CERTIFY		OF DEATH?	
VITA	N TO THE PARTY OF	1	E E	210. ACCIDENT WAS UNDER		216. TIME C	F INJURY M. MONTH I	NAV VEAR	21c. HOW INJURY OCCURE			Cirche		-
OF VIT	50 111	1	¥.	OR CONTRIBUTING CAU			M. MONTH I	19						
DIVISION	His coding		MEDICAL	214 INJURY OCCURRED		21e PLACE	OF INJURY		211 LOCATION	CITY OR TO	WN	COUNTY	STATE	_
SIAI	On Hand		Σ	WHILE NOT WHILE		(AT HOME, SI	REEL, PACIONT, OFFICE	. PARM, ETC.)	June				3.4.0	
Δ	A A A A A A A A A A A A A A A A A A A			220 I certify that (1) (th	is hospital) attended th	e deceased from	FEBRU	ARY 23 19 87	to DECEMBE	R 22_ 19	87	that (1) (we) lost	1
	1 4 5 5 4 1 K		100	sow the deceosed obove, (1) (we) (did	olive on 1	VIEW the body	ofter death	87_, 。	nd that in (my) (aur) opinion (deoth occurred on the de	ote and hour o	and Irom the	causes stated	
	hard Market			226. SIGNATURE					DEGREE	Valve System		22c DATE		_
	A TANK	1		T.X. Ou	vyer	LTM	e mr)	ATTENDING PHYSICIAN	MEDICAL STAI		13 Re	-87	
	FUNER old be o	1		22d. PHYSICIAN'S NAM	E UPE OR P	RINT)			22e ADDRESS NAVA	L HOSPITAL				_
	O FUN O FUN Hould the			T. X. DW	YER,	LT, MC	USNR			ESDA, MD 20	814-501	11		
	BI HELE		23o. l	BURIAL, CREMATION, RE	MOVAL	236. DATE	230		EMETERY OR CREMATORY	23d LOCATION				=
	BP			BURIAL		DECEM 29, 1	BER 987	RLING	TON NATIONAL CEMETERY	ARITI	IGTON.	VIRGI	STATE	
	DHMH - 16 60M 7/ (VRA 15, 4)	84	24 FI	UNERAL DIRECTOR RO NAME BE 57 WISCONSI	BERT THESD	A PUM A CHEV	PHREY FU Y CHASE,	NERAL INC.	HOME/ 250. DAI	EC 24 198	264 DEC KETD	ADIC CICNIAT		100



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ÆG. NO.	3	6	2	0	-
REG. NO.	10	-	0.20		

- 1		REGISTRAIN					REG. N	O. (3	234
		CEASED NAME FIRST		WIODIE		LAST	20 DATE OF DEATH	MONTH DAY YEA	AR 2b. HOUR
	,,,,,		RICIA M	AHRER GRA	HAM		DECEMBER		5:03 P _M
	3 SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		AYS HOURS MIN.
u	FF	EMALE	CAUCAS	IAN		IL 12 1922	65	YRS	
9	7a BII	RTHPLACE (STATE OR FOREIGN D	76 CITIZEN OF	WHAT COUNTRY?	B.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	Н
	N	MARYLAND	UNITE	STATES	WIDOWE		MONTGOM	ERY	MD
	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPATI	ION 12b KIN DE WORKING LIFE) INDUST	ND OF BUSINESS OR
		BETHESDA	1	NAVAL HOS	PITAL	THE PARTY OF	HOUSEWI		HOME
d	USUA 130. S	AL RESIDENCE (IF NURSING HOME OF		13c. CITY OR TOW		1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	44444
2	VIF	RGINIA DOUD	ON	STERLIN		YES NO X		WLAND DRIV	E 22170
2	III FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAST
	7	JOSEPH LOU					VIRGINIA H	AYWOOD	(13)
d		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	
Ó		NO	TE WAR OR DATES	221-10-	6941	CHARLES H.GRA	AHAM, 120 ME	ADOWLAND D	RIVE.
Š		18 CAUSE OF DEATH (Enter or	nly one cause per	line for (a), (b), and	d (cs.)	STERLING,	VA 22170	APP	PROXIMATE INTERVAL
4		PART I. DEATH WAS CAUSE IMMEDIA	D BY: TE CAUSE (a)	METASTAT	IC BR	EAST CARCINOMA	A		
				R AS A CONSEQUE	NCE OF	111000-00-00-00-00-00-00-00-00-00-00-00-			10000
		Canditions, if any, which	(b)	K AS A CONSEGUE	1102 01			6	
		gave rise to immediate	DUETO	R AS A CONSEQUE	NCE OF				
	12	underlying couse last	(0)	K AS A CONSEGUE	TVCE OF				
Ì		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	Tio
	CERTIFICATION								
1	CAT	198 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN	
4	TIF						YES NO	YES [NO 🗆
2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	110110 4	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART	(2)
	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE		M.	19				
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ADM STC 1	211. LOCATION	CITY OR TO	OWN COUNTY	Y STATE
ď	>	AT WORK NOT WHILE	TAT NOME SI	CET, FACTORT, OFFICE, FA					
		22a.1 certify that (I) (this hosp				MBER 25 19 87	DECEMB		, that (I) (we) last
7		saw the deceased alive or abave, (I) (we) (did) (did no	DECEMBE	TR 13 19 8	37	nd that in (my) (our) opinion o	death accurred on the de	ate and hour and from	the couses stated
		226 SIGNATURE			-1500	DEGREE		22c. D	ATE SIGNED
		Vien li	la- m		(MATTENDING PHYSICIAN	MEDICAL STAI		10FC 87
		22d. PHYSICIAN'S NAME ITYPE	OR PRINT)			22e ADDRESS NAVAI	HOSPITAL		/
		DREW E. LEWIS	LT. MC	. USNR		BETHE	ESDA, MD 20	814-5011	
		URIAL, CREMATION, REMOVAL			IAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	1	BURIAL	Dec. 1	7.1987 AR	LINGT	TON NATIONAL C	EM.	ARLINGTON	VA STATE

should be detached for use as the burial-transit permit. Then pl with the State Dept. of Health and Mental Hygiene prior to buri TO FUNERAL DIRECTOR. IMPORTANT: If Hem 21 is 16 60M 7/84 (VRA 15, 4)

morked ar Hem 18 shews any

BERKLEY GREEN

24 FUNERAL DIRECTOR

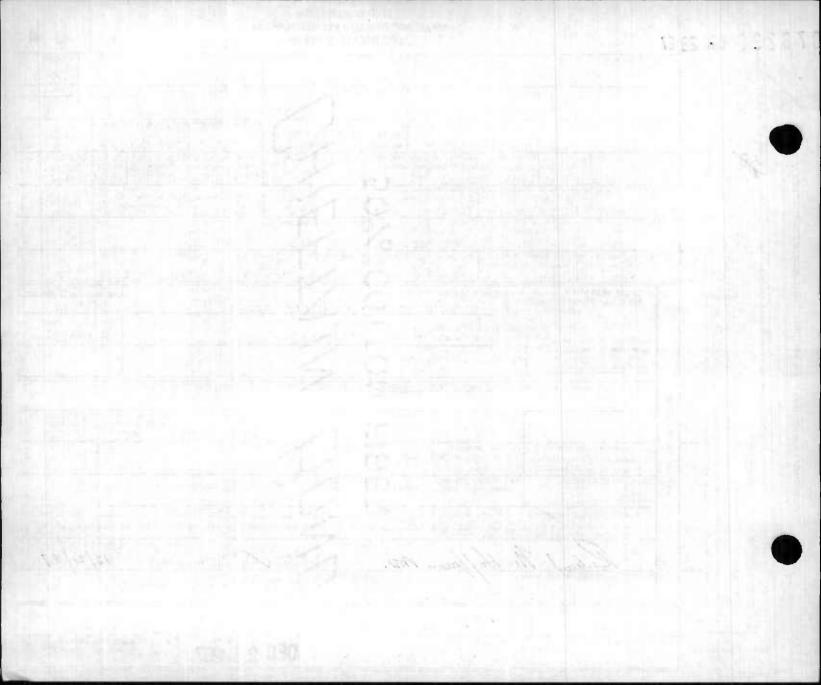
22070 ELDEN ST. HERNDON, VA

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

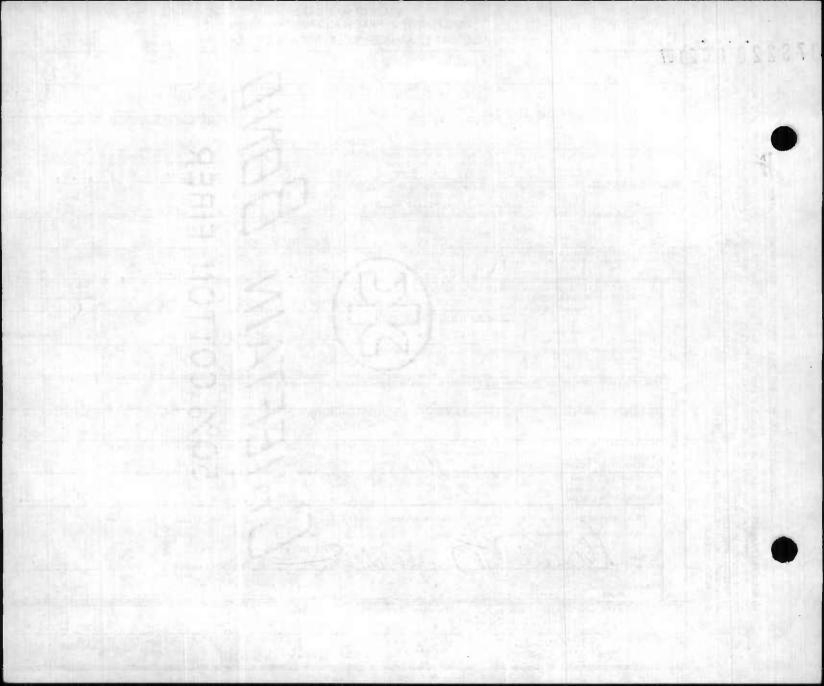
STATE OF MARYLAND

8	REG. NO.	3	6	2	0	4

76239 DEC 28	d7	FOR STATE REGISTRAR		DEPAI		EALTH AND MENTAL HYG	SIENE 8 ZEG. N	3	6 2	0 4
	1. DE	CEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH		YEAR	26 HOUR
2 / 53	(1176	Josej	oh	В.	Gra	ves Sr.	December	20, 19	87	1:00a M
20 2 22	3. SEX	(4 RACE		5. DATE C		6. AGE IN YEARS LAST BIR		UNDER I YEAR	HOURS MIN.
2 3 35		Male	Cauca	asian		ember 26,1913	74	YRS.		Mid.
OF ELSK		RTHPLACE (STATE OR FOREIGN		WHAT COUNTR	MARRIE	NEVER MARRIED	9 BALTIMORE CITY C			
The state of the s		aryland TY OR TOWN OF DEATH		States HOSPITAL, NUR	WIDOWE SING HOME C	R OTHER INSTITUTION	120 USUAL OCCUPAT			BUSINESS OR
. 200	Ca	ithorphura	10/12 1	CHFACILITY. GIVE STE Brassie	D1200 #	103	Dept. Supe		of Con	ept.
A house		AL RESIDENCE (IF NURSING HOME OF				134. INSIDE CITY LIMITS?	13e STREET ADDRESS			Brassie
N C ST		aryland Mont	tgomery	Gaithe	rsburg	YES NO X	Place #10:	3/ 208/	9	
1 15/4/	14.14	FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAST	
* 1 1/ 00	7	Leo VAS DECEASED EVER IN U.S. AR	H.		es, Sr.	Annie	E.	223	Morri	S
IMOR n ond Poges		(IF YES, GI	VE WAR OR DATES)	100		("	lie)			
be be			II	577 48		Wanda P. Gra	ves Sa	me as		
r., BAI		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse pe D BY.	r line for (o), (b),	ond (c).)					NATE INTERVAL
ng pl bong rem		IMMEDIA	TE CAUSE (o)_	Sudden	death-c	ardiac arrhy	thmia		inst	ant
deoth ce ottendin ove carb ritan, or	Conditions, if any, which	DUE TO, O	Coronar	OUENCE OF y heart	disease			6 ye	ars	
1 W. PR hot the by the ose rem (, cremo other ti		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, C	DR AS A CONSEC	DUENCE OF					
RDS, 201	N O	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING 1	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 1:0	
the low report of permit.	CERTIFICATION	190 DATE OF OPERATION	19b. CONE	DITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING NG CAUSES (
VITAL N. The hysicion in the hygicial Hygien 18 shop	CER	210. ACCIDENT WAS UNDERLYING		OF INJURY	D.11/2 ME 18	21c HOW INJURY OCCUR		RY IN ITEM 18 PAR	T I OR PART 2)	
ON OF VITA THYSICIAN: TI ding physici is certificate buriol-transi Mental Hygi	CAL	OR CONTRIBUTING CAUSE OF DE	ALC	I.M. MONTH	DAT TEAK					
VISION (G PHYSK offending er this cer s the burie s the during	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY TREET, FACTORY, OFFI		211. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
O O O E		220.1 certify that (I) (the hosp sow the deceased alive or	kal) ottended t	he deceosed fro	Octobe 87	er 25, 1982 d that in (my) (our) apinion	, 10	er 20,19		hot (II (Me) lost
OR ATTEN re hospitol DIRECTOR sched for ur Dept. of the		obove, (I) (we) (did) (did no	ot) view the bod	y ofter death.				ore ond noor c	22¢ DATE S	
4 4 4 5 E		226. SIGNATURE	M. H	allman	mo.	DEGREE ATTENDING PHYSICIAN (MEDICAL STA		12/2	1/87
O HOSPITAL etoined by th TO FUNERAL should be deter with the Store		22d PHYSICIAN'S NAME (TYPE	/	11			ew Mexico A		2.4	
TO HOSP retained 1 TO FUNE should be with the 2		Richard I					ashington D	.C. 200)16	
		BURIAL, CREMATION, REMOVAL			C. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
BP		Burial	Dece 23, I		ate of	Heaven Cemet				
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	JNERAL DIRECTORRobert Rockvi Avenue	A. Pum lle, In Rockvi	phrey Fu C 3000 Mar	neral Hest Mon	Home/ htgomery 0E0	2 4 1987		AR'S SIGNATU	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR EASED NAME 20. DATE KNOWN X ESTI-Doris Gray DEATH MATED 12/21/19 87 LSEX 4 RACE AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 2c DATE YEAR LAST BIRTHDAY) PRONOUNCED 12/21/ 19 87 AM Female Cauc. Sept. 6,1917 70 YRS TO BIRTHPLACE ISTATE OF CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY Montgomery County, DIVORCED Massachusetts United States 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Executive Silver Spring 506 Bonifant Street Secretary F.B.I. USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 30 STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS SIlver Spring YES NOX 506 Bonifant Street 20910 Maryland Montgomery 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST Gerald Galloway Marquerite King Gray 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT 34A Ridge Road [YES, NO, OR UNKNOWN] 034-10-9822 John E. Gray Greenbelt, Maryland 20770 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN HEAD PAGE 4. SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO THE CHIEF MEDICAL EXAMINER ALONG THE PROPERTY OF BUSED AS A BURIAL-TRANSIT FOR THE PROPERTY OF HEATTH AND MENTAL HYGHE BALL ORE. MAY IN 10, 21,201 PRIOR TO BURIAL, CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY: Environmental Hyperthermia and IMMEDIATE CAUSE (o). Conditions, if any, which Arteriosclerotic Cardiovascular Disease gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K 21e. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AND MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH subject found in overheated house P.M. 12/21/ 1987 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK 506 Bonifant St., Silver Spring, Montg., Md. home 22a. I certify that Look charge of the remains described obeye, held on Homicide Undetermined manner death resulted from Natural causes TITLE (SPECIFY) ACTUAL 12/21/87 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230 BURIAL CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Dec. Silver Spring Burial 23, 1987 Gate of Heaven Cemetery Maryland Robert A. Pumphrey Funeral Home/ **DHMH - 17** Bethesda-Chevy Chase, Inc. 7557 Wisconsin Ave. (VR A15 ME (5)) Bothesda, Maryland 20814



TO THE ROOM OF . w. manyers - Navneye if inflate . mil mod' of the fire to the rong of the con-House in the You. Communication of the cold and the day on the same of the day of the cold and the day of the da

Tt. Corror institution (t. Corror institution) last suris, VA.

Jacobs selection selection correspondentes.

Jacobs selection selection correspondentes.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or attending physician.

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88 3 STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	REG. NO.	3	b	1	0	
3	REG. NO.	54	17-900	e ma	-	

7 REGISTRAR				CERTIF	ICATE OF DEATH	8 REG. N	10.	0 %	U
PECEASED NAME	FIRST	N	NIDDLE	t.	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	lliam	L		Green		December	25,	1987	199
EX	4. R/			5. DATE C		6 AGE IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HI
Male		White		Mer	7, 1910 YEAR	7.7	YRS	5	HOURS M
BIRTHPLACE ATE OR FO		U.S.	A.	MARRIEI WIDOWE	DEVER MARRIED DIVORCED	9 BALTIMORE CITY O		ITY OF DEATH	
Bethesda		5503	Burl:	ing Cour	R OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST POLICE		GUEEN 126 KIND C INDUSTRY LAW E	nforce
STATE MD	NG HOME OR OTHE 13b COUNTY Mont	100	13c. CITY OF		13d. INSIDE CITY LIMITS? YES X NO	130.STREET ADDRESS 5503 Bur	ZIP CO	Ct. 2081	7
William	Th	omas	Gree	en	Annie FIRST	May WIDDIE		Hudson	ST.
WAS DECEASED EVER (YES, NO OR UNKNOWN)	N U.S. ARMED (IF YES, GIVE WAR			SECURITY NO. 5-5657	Marjorie: Br	itt 4923 M			
IS CAUSE OF DEATH	(Enter only on	ne couse per	line for (o), (bi, and (ci.)		ALTERNATION IN	19.5	APPROX BETWEEN	MATE INTERVAL ONSET AND DEA
PART I. DEATH W	IMMEDIATE CA			SHOG	V			1	Hn
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 210b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF DYES NO YES NO									a
19a DATE OF OPERAT	ION	19b. CONDI	TION FOR W	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WERE FINDING CAUSES	
210. ACCIDENT WAS UNDO OR CONTRIBUTING C THE EITHER NOTHEY MEDIC	AUSE OF DEATH	21b. TIME OF HOUR A./	M. MONTH	H DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJI	JRY IN ITEM !	18 PART 1 OR PART 2)	
21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	LE 🗇	21e PLACE C (AT HOME, STR	OF INJURY EET, FACTORY, O	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
22a.1 certify that (1) sow the decease above, (1) (we) (d		1		19 87., on	nd that in (my) (our) opinion (. 10	date and h		causes stated
226 SIGNATURE	les o	i W	Chun	T ms	F A ATTENDING PHYSICIAN	MEDICAL STA	CIAN [SIGNED / 12.76
Stanley A	, Schwa	rtz,				Chevy Chas	MD	20815	4
BURIAL, CREMATION, P ISPECIFY) Buri		12/2°		Gate of	EMETERY OR CREMATORY Heaven Cem	23d LOCATION CITY OR TOWN Silver			STATE
FUNERAL DIRECTORTO	seph Ga	wler's	s Sons	Inc. 20016	250. DAT DEC	E REC'D. BY REGISTRAN			TURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, she medica FOR

DEC 3

poge 3

completely filled in by the funeral director, page 3 i and 2 should be filed within 72 hours after death

EST FORES

December 25, 1987	2195	TO	meilli
94		12 A.M.	Maler
A.15.10.21.0	X	.A.S.V	ę • 1 8.
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VIVS .to anilows EOR	x e	t. Setmod	ros (ii)
May Hulbon	Aunta	moord) across	MERCER
91302 W VAO W Wage. 357-	daires L. R	578-05-36	011

36

Burial 12/29/87 Sate of Testan Sem

TIC TWO BY THE CME.

traing . commerce,

THE TO VERTICAL PORTS

Of saired toyli

injury, or ather troumotic event,

MPORTANT: If them 21 is marked or them 18 shows any

076227

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	- STATE REGISTRAR		CERT	IFICATE OF DEATH	B REG. NO	3 5 2	0 8
POR	EDASED NAME FIRST		MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	2b. HQU
	Hom	AS	F.	REENL	12-2	20-87	3 AM
3 SE	×	4. RACE	MC	E OF BIRTH	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS	
	YV	CAUCAS	IAN OCT	OBER 31, 1903	84	YRS	
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY? 8.	RIED NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF DEATH	
N]	EW YORK	USA	WIDO	WED NORCED	IIIVONAG	-omeri	MD.
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME FACILITY, GIVE STREET ADDRESS!		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		OF BUSINESS OR
21	versking	- 1 HOLY	C1088 A	texportal	LETTER CAR		POST OFF
13a	AL RESIDENCE (IF NURSING HOM STATE ARYLAND 136 CC MON		GIVE RESIDENCE BEFORE ADMISSION ROCKVILLE	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 4806 LISTRA		53
14. Fz	ATHER'S NAME	WIDDIE	LAST	IS MOTHER'S MAIDEN N	I AME MIDDLE		AST
	THOMAS	ott	GREENE	ANNA	mode		RLEY
16a \	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY NO). 17 INFORMANT	ADDRE	\$5	
1	YES NO OR UNKNOWN) (IF YES	, OIVE WAR ON DATES!	072-34-2745	ELIZ PARKER	/DAUGHTER/SAM	IE AS 13	
	18 CAUSE OF DEATH (Enter	only one couse pe	r line for (a), (b), and (c).)	40	4	APPRO BETWEEN	DXIMATE INTERVAL NONSET AND DEATH
	PART I. DEATH WAS CAU	DIATE CAUSE (o)	Cardia	arry thr	nea		
		DUE TO, C	R AS-A CONSEQUENCE O	0 -0	N 0 %	.0	
	Conditions, if any, which		Corne	Constine	wer fu	Leuro	
	gove rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQUENCE		Clear fa	An chiza	20
	underlying couse lost.	(c)	Typerce	une cer			
z	PART 2 OTHER SIGNIFICAN	NT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TEL	MINAL DISEASE OF COND	ITHON GIVEN IN PART 1	of bleas
CERTIFICATION	190 DATE OF OPERATION	erry ju	ITION FOR WHICH OPERA	MON WAS DEDECTIMED	200 AUTOPSY?	20b. IF YES, WERE FIND	INGSTISED
5	IN DATE OF OPERATION	178. CON	MICH OF ERA	GION WAS PERFORMED		IN CERTIFYING CAUSE	S OF DEATH?
ER	210 ACCIDENT WAS UNDERLYING	21b. TIME C	OF IN IURY	I21r HOW IN JURY OCCI	JRRED (ENTER NATURE OF INJUR	YES TO BE BART TO BE BART 21	NO 🗆
1	OR CONTRIBUTING _ CAUSE OF	DEATH HOUR A	M. MONTH DAY YE	AR	THE TEMEN MATORE OF MATOR	THE PER PORTAGE AND A STATE OF	
MEDICAL	214 INJURY OCCURRED		.M. 1 OF INJURY	211 LOCATION			
MEI	WHILE NOT WHILE		REET, FACTORY, OFFICE, FARM, ETC		CITY OR TOV	VN COUNTY	STATE
	22a.l certify that (I) (this ha	voital) attended th	of deceased from 12	19 1087	12/	21 1089	, that (1) (we) lost
	saw the deceased alive	on	19 19 87	, and that in (my) (our) opinio	on death occurred on the do	te and hour and from th	
	obove, (I) (we) (did) (did	not) view the body	ofter death.	DEGREE		22c DAT	TE SIGNED
	Sia	1		ATTENDING			20-87
	224 PHYSICIAN'S NAME (11)	PE OR PRINTO		22e. ADDRESS 49/	DIRECTOR PHYSIC	CT	
	10 2:180 /m, m	99	Camena	1 000	wille a	2005	?
23n	BURIAL, CREMATION, REMOV	AL 23b. DATE	<u> </u>	F CEMETERY OR CREMATORY	y 23d LOCATION	2003	
	(SPECIFY) BURIAL		the state of the s	F HEAVEN CEME	CITY OR TOWN	PRING MONTO	OMERY. MD

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR 500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

DEC 23,1987 GATE OF HEAVEN CEMETERY SILVER SPRING MONTGOMERY MD

FRANCIS J. COLLINS, JR.

| 250. DATE REC'D BY REGISTRAR 25B. REGISTRAR S SIGNATURE | 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

07622 802337 -

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. I	١٥.	6	2	0	9
E OF DEATH	MONTH	DAY	YEAR	2b. HOU	JR

775	221 000		- STATE REGISTRAR				CERTII	ICATE OF DEATH	8 / _{REC}	3. NO.	()	-	3 9
1136	231 UEL		DE LEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEAT	H MONTH	DAY Y		HOUR
	poge 3			Sadi	e	6	rolm	nan		12 -	12-6	87 6	:55 AM
	frer of	3.	SEX		4. RACE	1	S. DATE		6 AGE (IN YEARS LA	T BIRTHDAY)	MONTHS.		UNDER 24 HRS
	oge v		FEMA		u	/ HITE	10		93	YRS			
1	P. P. O.	1 7	BIRTHPLACE (STATE C	OR FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH			TH	
	deor			ITY	U.S.A. WIDOV			DIVORCED	MONTGOMERY				MD.
	1 9 P	1	CITY OR TOWN OF D	EATH	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12e USUAL OCCUI				USINESS OR
201	by by	4	ROCKVILLE					ER WASHINGTON	HOMEMAK	ER		OME	
021	d bed in	1	SUAL RESIDENCE (IF NO	136. COU	YTY	13c. CITY OR TOW	/N	134. INSIDE CITY LIMITS?	13e. STREET ADDRE				
MARYLAND	in y	7	MARYLAND	MONT	GOMERY	ROCKVILI	LE	YES NO	6121 MON	TROSE	RD.	1208	52)
ARY	1 1 1	71	FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME MIDO	L€		LAST	
	Per Car	4	DAVID			WOLF		BESSIE		- Daries		EVY	
OR	1 1	1 1	(YES, NO OR UNKNOWN)		MED FORCES?	166. SOCIAL SECU			UGHTER AD	STLVE	R SPR	ING,	MD
BALTIMORE,	a a		NO			213-46-	-7184	VERECE SILVE	ERMAN: 1510	1 INTE			
BA	hysica pope bvol.		18 CAUSE OF DEA	TH (Enter of	nly one couse pe	r line for (a), (b), on	id (c),)	/	Nel.	-	BET	PPROXIMAT WEEN ONSE	ET AND DEATH
TS.	ng pl bong		1.51		TE CAUSE (o)	Cardio	Tu,	monary	41110	/	-		
PRESTON PRESTON	0000	-			DUE TO, C	RASA CONSEQUI	ENCE OF	D				1. 16	
RES.	otte move notion troum		Conditions, if or		(b)_	Sever	6 1	neumo.	nia			WE	
3	by the		couse (a), sta underlying cou		DUE TO, C	AS A CONSEQUI	-	,				Jan.	
201	ed b pleos riol,			ON HERE AND T	(c)_	Jemes					}	real	· ·
DS, 3	sign hen I to bu		Z PART 2 OTHER SIG	GNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR C	ONDITION G	VEN IN PA	RT Ito	
DIVISION OF VITAL RECORDS	w re-		19a. DATE OF OPER	ATION	19b. CONE	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YE	ES, WERE F	INDINGS	USED
N N	hos b perm perm perm perm	1							YES T NOT	IN CERT	IFYING CA	USES OF	
¥ H	N: The system of	4	210. ACCIDENT WAS U	INDERLYING				21c HOW INJURY OCCUR					10 []
OF.	SICIAN ng phy certific viol-tre ental Hem 14	-41	OR CONTRIBUTION		min .	.M. MONTH D	AY YEAR						
20	ding ding ding Meri		(IF EITHER NOTIFY ME 21d INJURY OCCU		21e. PLACE	OF INJURY		21f. LOCATION				-	
VISI	G Parter of the street of the		MUITE NO.	WHILE	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM, ETC]	STREET	CITY	OR TOWN	COUN	IY	STATE
۵	or of a se of the or mor		22a. I certify that		ital) attended ti	he deceased from_	1	- 28 10 8	2, 10 /2	-12	19 8	F that	t (I (we) last
	TTEN pital TOR for u		sow the deco	sed olive on	t) view the body	12 19	87.0	nd that in (my (our) opinion	death occurred on the	ne date and ha	ur and from	m the cou	ses stoted
	hed hed tem	- 1	Th SCHATURE	Jana Hall	Oc /	Oner decin.	_	DEGREE			721.	DATE SIG	NED
	AL O The O detoc ote D		12010/10	41	0061	st , 1	nu	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN	1	2-10	2-87.
4	SPIT.	7	228. PHYSICIAN'S	NAME (TYPE	OR PRINT!	1		22e ADDRESS	4			1	
	TO HOSPITA retoined by TO FUNERA should be de with the Stoi		LORFI	05	AL	RIOL	m	6/21 1	MONTR	OSE	K	1.	
	0 g 5 g g g+	2	BURIAL, CREMATION	N, REMOVAL				EMETERY OR CREMATORY	234 LOCATION				
	BP		(SPECIFY) BURIA		12/14/		IG DAI	ID MEM. GDN.	FALLS	CHURCH	FAT	RFAX	VA.
DH	HMH - 16 50M 1/81	24	FUNERAL DIRECTAL	VZANSK	Y-GOLDB	ERG MEMOR	IAL C	HAPELS 15ht	TE REC'D. BY REGIST		TRAR'S, SIC	GNATURE	2.00
	(VRA 15, 4)		1100 ROCI	KVILLE	PK: RO	CKVILLE,	MD 20	852	0 1 5 198	Julia	e dland	m3v.16	AGUALA.

1 030 (at print) (at print)

(VRA 15, 4)

STATE OF MARYLAND

8	REG. NO.	3	6	2	-
~	REG. NO.				

166 1411-9	18	FOR STATE REGISTRAR L	OIS	FIELD			EALTH AND MENTA		8 /	3 6	2	10
14 0 DAIL		EASED NAME	FIRST	-	MIDDLE	L	sst .	1 20	REG. N		YEAR 7	b HOUR
page 3		Lois	5	F	ield	HA	Ilman			12-29	-87	5-30 M
	3 SEX		3.2-	4 RACE	10	5 DATE O	F BIRTH		AGE (IN YEARS LAST BIR	THDAY) IF		FUNDER 24 HRS
ge 4		Female		White		9	12 0		82	YRS	JAI S	MIN.
Pod Pod		RTHPLACE (STATE OR FO	PEIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIET	NEVER MARRIE	D X 9	BALTIMORE CITY O	R COUNTY O	FDEATH	4 5 0 1
nero nn 72 nn 72		LIFORNIA		U.SA WIDOWEI					Montgon	nery C	ounty	MD.
er d		TY OR TOWN OF DEAT	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		B USUAL OCCUPATI		126 KIND OF	USINESS OR
by the	_	DLINEY		BROX	OKE GROW	IE NS	c Home		Chemist	, working (ire)	US GOT	I.
filled in rould be	13a S Md	AL RESIDENCE (IF NURSIN TATE	Mont	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) TY Use, CITY OR TOWN 11e Laytonsville		134 INSIDE CITY LIM		STREET ADDRESS		20879	9	
mpletely and 2 ff	FA	FRANK	٨	HALLMAN ST			15. MOTHER'S MAID! FLORENCE		MIDDLE	FIELD	LAST	
oe execution	16a V	AS DECEASED EVER IN		MED FORCES?	166 SOCIAL SECT		17 INFORMANT ROBERTA	M. D	OWNES SA	ME AS #	13	
Photographic Photo		IB CAUSE OF DEATH PART I. DEATH WA		y ane couse per BY: E CAUSE (a),	10 to 101, 0. 6n	die II	marine	17	ales		BETWIEN ON	SET AND DEATH
death ce attendi ave car tion, at		Canditians, if any,		DUE TO, O	R AS A CONCEDY	ENCE OF	19 Ox	ar			15	487
that the d by the islease remainly, crema		gove rise to imme couse (a), stating underlying couse	the	DUE TO, OI	R AS A COLOR	APRIL	gayone	N.	Holos		W	4
equires: n signed Then ple r to burie	NOI	PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH	NOT RELATED TO THE	E TERMINA	AL DISEASE OR CON	DITION GIVEN	IN PART	
law r has bee t permit ene prio	CERTIFICATION	190 DATE OF OPERAL	ION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFORMED		YES NO	206. IF YES, V IN CERTIFYIN YES	VERE FINDING	S USED F DEATH? NO
ficate frans frans frans frans		210. ACCIDENT WAS UNDE	-	21b. TIME O HOUR A.	FINJURY M. MONTH D	AY YEAR	21c HOW INJURY O	CCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
certification of the second of	CAI	(IF EITHER NOTIFY MEDICA	AL EXAMÎNERI	Ρ.		19						
ottendin iter this ss the but h and M rrked ar	MEDICAL	21d. INJURY OCCURRE	E []	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, I	ARM, ETC 1	211 LOCATION STREET	1)	CITY OR TO	WN	COUNTY	STATE
TTENDIP		220.1 certify that (b) (saw the deceased	Nolive an_		198	73	d that in (my) (aur) a	pınian dea	th accurred an the de	nte and have a	- (at (I: (we) lost uses stated
AL OR A the has AL DIREC detached ste Dept. IT. If Item		Christnas	Y-A	4	for	ı	DEGREE ATTEND PHYSIC	ING I	MEDICAL STA	FF CIAN []	12 DATE SI	CHEEN
retained by th TO FUNERAL should be dete with the State IMPORTANT: I		22 PHYSICIAN'S NAM	ME TYPE OF	A POINT)	N		27e ADDRESS Y	J. J.	ly Dr.	0/m	- ON F	283
BP		URIAL, CREMATION, R	EMOVAL	DEC. 3	0,1987 E	BALT.	WASH. CREM	TORY MATOR:	23d LOCATION Y LAUREL	P.GEO	RGE MD	. STATE
DHMH - 16 60M 7/84		INERAL DIRECTOR					2	SP PALE RI	EC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNALLIF	E Jack
(VRA 15. 4)	M	JRÍËL H. BA	ARBER	LAYTO	ONSVILLE,	MD.	20879	JAN	4 1988	0	pergessi- Pa	

AV Color My Commission of the do GE,

Mary The Late of the Street .84 ilor e Homema'er Sough Partie State State of the Committee of the Committe Skakandt Snitzer Theresa martin יוברו שמשמלכיות דפ. Pethes . Ede-165-10-2395 Edward Hamberrer A TERMER LET THE WELL BELLEVILLE THE TAKE THE WAR TO THE THERE MYSS SAMESTIN AND ISAN POSSER SHOWET CHARLES & CHIEFEE - Lack Colors Selfer Burial 12-29-1987 Hain's Church Cemetery wernersville Berks Co. Pa. Joseph Gawler's Sons 5130 WT. Ave. N.W. Wash.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIE

CERTIFICATE OF DEATH

B ZEG. NO.	6212
O DATE OF DEATH MONTH	DAY YEAR 26 HOUR
DECEMBER S	1987 815 PM
. AGE (IN YEARS LAST BRITHDAY)	IF UNDER TYEAR IF UNDER 24 HRS.
79 YRS	MONTHS DAYS HOURS MIN.
BALTIMORE CITY OR COUNTY	OF DEATH
1 - 1	County MD.
120 USUAL OCCUPATION /	126 KIND OF BUSINESS OR
Clerk	Central Charge
36 STREET ADDRESS / ZIP CODE 802 Roxboro Rd	20850
MIDDLE	Gise
Sessoms 802 Roxbo	oro Rd:
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OFOURLY	MONTHS
VAL DISEASE OR CONDITION GIV	/EN IN PART Ho
MUCEL	
	S, WERE FINDINGS USED
	FYING CAUSES OF DEATH?
D (ENTER NATURE OF INJURY IN ITEM 18.	PART I OR PART 2)
CITY OF TOWN	COUNTY STATE
10 Dec 5	19 , tho (1) (we) lost

Int	RI	KE O IO THO THE					REG. No			
10		EASED NAME FIRST		MIDDLE	1	AST	20 DATE OF DEATH	MONTH I	DAY YEAR	26 HOUR
	TITPE	DOROTH	Y L		HAR	DING	DECEMBE	R 5	1987	815 P
ı	3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER TYEAR	IF UNDER 24 HR
		Female	Caucas	ian	MONTH -2	22 08	79	YRS	MONTHS DAYS	HOURS MIN
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
1	U 1	ash. D.C	4.	5		DIVORCED [mongor	nery	Counte	/ N
J	10 CI	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATE			F BUSINESS C
	Sil	her Spring	Sylvan	n Mary		Care Center	Clerk	F WORKING LIF	central	l Charg
10 535 (13a S		te or other institution of the other or other institution of the other or o	136 CITY OR TOW Rockvil	NN	13d. INSIDE CITY LIMITS? YES [X] NO [13e STREET ADDRESS / 802 Roxbot			0
ĵ	I4 FA	THER'S NAME				15. MOTHER'S MAIDEN NA				. 1
		Eliwood	MIDDLE H.	Cobert	h	Rosie	MIDDLE		Gis	e
+	16a W	AS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECT	URITY NO.	17. INFORMANT	ADDRE	SS		
			GIVE WAR OR DATES)	577-36-5		Catherine P.	Sessoms ⁸⁰² Roc	Roxbo	e, Md:	
ı		IS CAUSE OF DEATH (Ente	r only one couse pe	r line for (a), (b), or	nd (c).1				BETWEEN	MATE INTERVAL
1		PART I. DEATH WAS CA	LICED BY			CALCINOMA	OFOUN	4		2476
- 1		IMME	DIATE CAUSE (0)		•					
- 1			DUE TO, C	OR AS A CONSEOU	ENCE OF				14.7	
- 1		Conditions, if ony, which	(b)_							
- 1		gove rise to immediate) 10/-							
-1		couse (a), stating the underlying couse lost	J DOL TO, C	OR AS A CONSEQU	IENCE OF					
н			(c)_							
1	_		_			NOT RELATED TO THE TERM		DITION GIV	EN IN PART 110	0
	CERTIFICATION	CHRONIC OF	GANIC B	LAIN SUL	UDROM	E : BREAST	CANCEL			
7	AT	19a DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
1	FF						YES NO	1	YING CAUSES	NO I
Ä	ERT	21a. ACCIDENT WAS UNDERLYING	21h TIME	OF INJURY		21c. HOW INJURY OCCUR				110
9		OR CONTRIBUTING CAUSE O	LIOUD A	M. MONTH D	AY YEAR	The HOUR MAJORY OCCOR	MED TEMER NATURE OF 11430	CT HATTEM TO T	ART (OR TART 2)	
	Y	(IF EITHER NOTIFY MEDICAL EXAM		P.M.	19					
ı	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		21f LOCATION			COUNTY	STATE
1	ME	WHILE NOT WHILE AT WORK	[AT HOME, S	TREET, FACTORY, OFFICE.	FARM, ETC]	STREET	CITY OF TO	WN	COUNIT	STAIL
1			and the second of a	h. d	AAAAC	A 10 10 81	Dec	1	1000	d-Olivell
		22e.1 certify that (1) this h		he deceased from	87	nd that in (my) (our) opinion	, 10		15 1	mo (Ne) is
1		sow the decrased alive	d not) view the bod	7 -	, 0	nd that in time (our) opinion	death occurred on the de	ore ond hou	r ond from the	couses stated
		22h SIGNATURE				DEGREE			22t. DATE	SIGNED
		Mentin C	- They	el.	N	ATTENDING PHYSICIAN	MEDICAL STA	IAN [12/	4/87
		224 PHYSICIAN'S NAME (T	YPE OR PRINT)			22e ADDRESS 3-7			AUEN	UUR
		MARTIN	SHY	REEL	M.D.				20895	
_		I MILONIO	- , - , , , ,	,			, ,			

23a. BURIAL, CREMATION, REMOVAL Burial

23b. DATE 12/8/87 231. NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery 23d LOCATION Brentwood

Maryland P.G.

24 FUNERAL DIRECTOR George P. Kalas Funeral Home

FOR

- STATE

poge 3

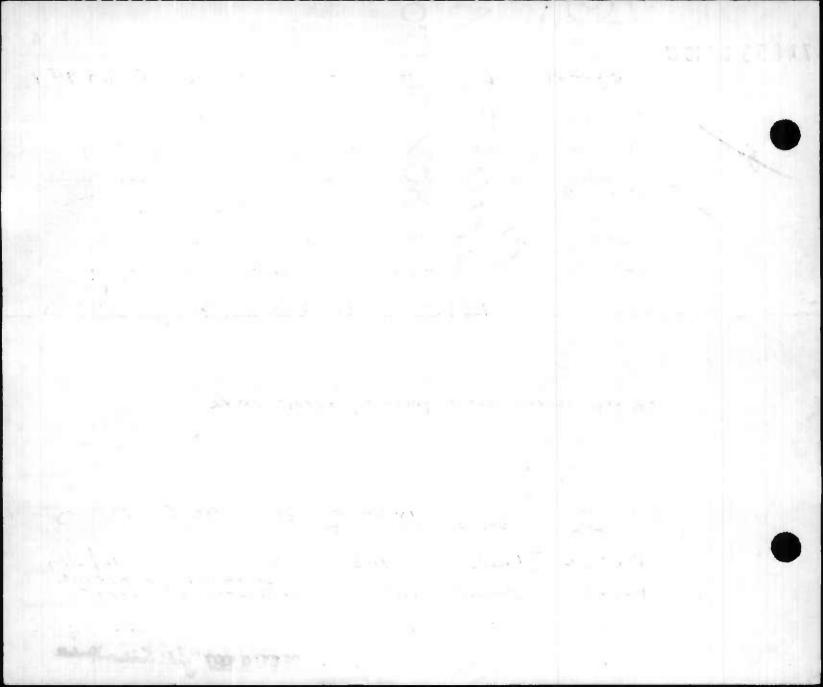
6160 Oxon Hill Rd. 250 DATE REC Oxon Hill, Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

TO HOSPITAL

should be detached for use as the burial-transit permit. Then please remove carbandops with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova



23c NAME OF CEMETERY OR CREMATORY

Silver Spring, Maryland

Gate of Heaven Cem.

Inc.

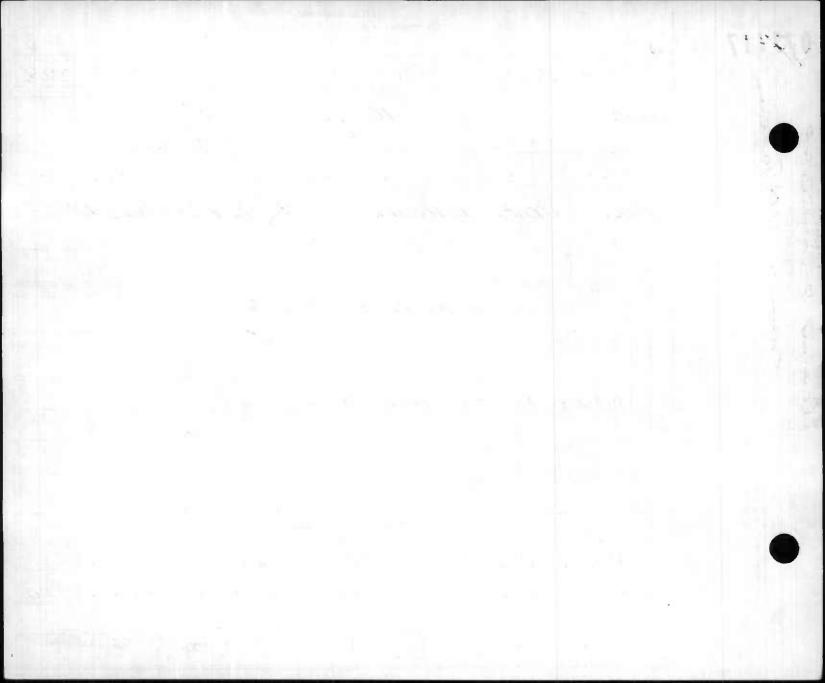
DHMH - 16 50M 1/81 (VRA 15, 4) 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Wisconsin Ave

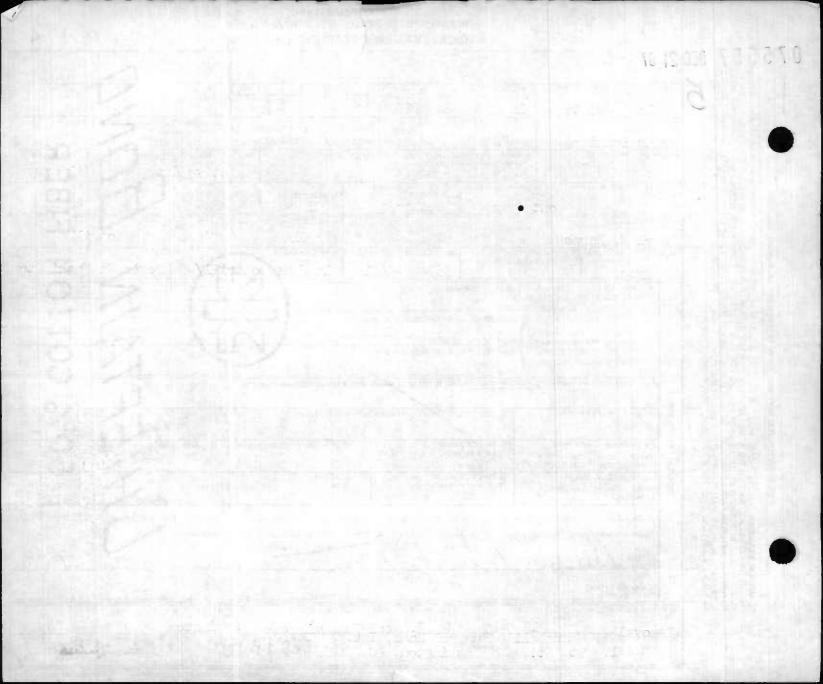
Jan.2, 1988

14 FUNERAL DIRECTOROBERT A. Pumphrey Funeral Home

Bethesda-Chevy Chase,



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN PECHATED NAME OF EST1-Randy Eugene Harps DEATH MATED 5/19 87 & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 1 SEX DATE OF BIRTH 2d HOUR 2c DATE YEAR MONTH LAST BIRTHDAY) 11:10 PRONOUNCED 23 White 12 64 DEAD Male 19 87 a M To BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Pennsylvania DIVORCED Montgomery County, 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12000 Old Georgetown Rd. Active duty OR INDUSTRY Military Rockville USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 136 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 20814 Bethesda Montgomery YES X NO F 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME EIRST MIDDLE Cotri Ola Jane Carl E. Harps 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) Ola Jane Cottrill/ 5 Oregon St Washington 553-08-8421 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) EXECUTE THE CREITICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEMBERGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCOING TO THE CHIEF MEDICAL EXAMINER ALCOING TO THE CHIEF WEDLAST PROPERTY OF THE PARTY. WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIBNE BALTIMORE, MAST AND 21201 PRIOF TO BURIAL, CREMATION, OR REMOVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple Injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG. 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 10: 49AM 12/ subject precipitated from building 21e PLACE OF INJURY TATHOME 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE X pavillion at 12000 Old Georgetown Rd., Rockville, Autapsy X 220. I certify that I took charge of the remains described above, held an Md. Inspection and in my apinion death resulted from Homicide L Undetermined monner X Notural couses ssistant 12/6/87 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) ADDRESS. 230. BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Wm J. Neal Funeral Home Washington Marshall's Funeral Home, Inc. **DHMH - 17** 9th St., NW ADD Washington, DC 20011 (VR A15 ME (5))



TO HOSPITAL

BP_

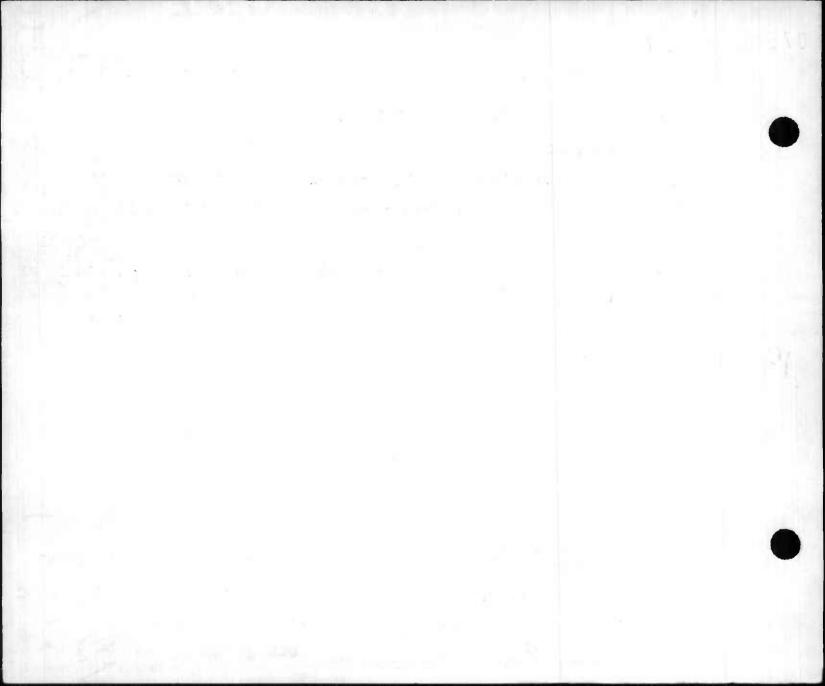
DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

8	REG. N	10.	6	2	1	IL
TE OF	DEATH	MONTH	DAY	YEAR	12h HOUR	

3. SE	Х	4.5	RACE		S. DATE C		6 AGE (INY	EARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HI
I	Temale		White	9	Jul			82 YR		
70 B	IRTHPLACE (STATE O	OR FOREIGN 7b.	CITIZEN OF	WHAT COUNTRY	? 8. MARRIE	D NEVER MARRIED	9 BALTIMO	RE CITY OR COU	NTY OF DEATH	
	ashingto	n DC	USZ	A	WIDOWI		Mont	gomery		
	ity or town of c akoma Pa	. N.	(IF NOT IN SU	CH FACILITY, GIVE STREET	T ADDRESS)	Pacility	TYPE OF WOR	OCCUPATION K FOR MOST OF WORKIN retary		OF BUSINESS O
VSU.	AL RESIDENCE (IF NI STATE		HER INSTITUTION		WN	1134 INSIDE CITY LIMITS?	13e STREET /	ADDRESS / ZIP C	ODE Ville S	1999 treet
14. FA	ATHER'S NAME	WID	DLE	Maddo	x	15 MOTHER'S MAIDEN NA	ME	WIDDLE	FΑ̈́	irall
	WAS DECEASED EV			16b. SOCIAL SEC	URITY NO.	17 INFORMANT			Southwe	
No	YES NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	579-07-	-7621	Gerald O'B	rien	Circle	Ct, Mi	ami,
	gove rise to i),_			V		ani ome		
IIFICATION	underlying cou	GNIFICANT COM	NDITIONS C	an Quan o	DEATH BUT	NOT RELATED TO THE TERM	200 AUTC	DPSY? 20b. IF	YES, WERE FINDI	NGS USED S OF DEATH?
AL CERTIFICATION	PART 2 OTHER SI	GNIFICANT CON RATION UNDERLYING CAUSE OF DEATH	OT 196 CONE	ONTRIBUTING TO	D DEATH BUT		200 AUTO	DPSY? 20b. IF	YES, WERE FINDI RTIFYING CAUSES YES []	NGS USED
MEDICAL CERTIFICATION	PART 2 OTHER SI 19a DATE OF OPER 21a ACCIDENT WAS I OR CONTRIBUTING (IF EITHER, NOTIFY M 21d INJURY OCCU	GNIFICANT CON RATION JUNDERLYING CAUSE OF DEATH EDICAL EXAMINER;	O TIPE CONE 21b. TIME (HOUR A	ONTRIBUTING TO	D DEATH BUT H OPERATIO DAY YEAR	DN WAS PERFORMED	200 AUTO	DPSY? 20b. IF	YES, WERE FINDI RTIFYING CAUSES YES []	NGS USED S OF DEATH?
CAL	PART 2 OTHER SI 19a DATE OF OPER 21a, ACCIDENT WAS I OR CONTRIBUTING (IF EITHER, NOTH! M AT WORK 22a I certify that sow the dece obove, (I) (we	GNIFICANT CON GNIFICANT CON STATION JINDERLYING CAUSE OF DEATH EDICAL EXAMINER; JRRED WHILE WHILE	IS NOTITIONS CONTINUES CONTINUES CONTINUES CONTINUES CATHOME. S	ONTRIBUTING TO	DO DEATH BUT	216. HOW INJURY OCCUR	200 AUTO YES RED (ENTER NA	DPSY? 206. IF	YES, WERE FINDI RTIFYING CAUSES YES 18 PART I OR PART 2) COUNTY 19 hour and from the	NGS USED S OF DEATH? NO STATE
CAL	PART 2 OTHER SI 19a DATE OF OPER 21a ACCIDENT WAS I OR CONTRIBUTING (IF EITHER NOTIFY M 21d INJURY OCCU WHILE AT WORK 22a I certify that sow the dece obove, (I) (we 22b SIGNATURE	GNIFICANT CON GNIFICANT CON ATION JNDERLYING CAUSE OF DEATH EDICAL EXAMINER) JRRED WHILE NORK (I) (Hin hospital) osed alive an (did) (did not) v	IS NOTITIONS CONTINUES OF THE PLACE (AT HOME. S) offended for the bod	ONTRIBUTING TO	DEATH BUT H OPERATIO DAY YEAR 19 FARM ETC)	21c HOW INJURY OCCUR 211 LOCATION STREET , 19.2.2 and that in (my) (my) opinion DEGREE ATTENDING PHYSICIAN	200 AUTO YES RED (ENTER NA to death occurre	DPSY? 206. IF	YES, WERE FINDI RTIFYING CAUSES YES LIB PART I OR PART 2) COUNTY 19 hour and from the	NGS USED S OF DEATH? NO STATE
CAL	PART 2 OTHER SI 19a DATE OF OPER 21a ACCIDENT WAS II OR CONTRIBUTING (IF EITHER NOTIFY M 21d INJURY OCCU AT WORK NOTIFY M 22a I certify that sow the dece obove, (I) (we 22b SIGNATURE 22d PHYSICIAN'S	GNIFICANT CON GNIFICANT CON ATION JNDERLYING CAUSE OF DEATH EDICAL EXAMINER) JRRED WHILE NORK (I) (Hin hospital) osed alive an (did) (did not) v	IPB CONE 21b. TIME (HOUR A F 21e. PLACE (AT HOME, S) ottended t () 9 21ew the bod	ONTRIBUTING TO	DEATH BUT H OPERATIO DAY YEAR 19 FARM ETC)	211. LOCATION STREET 21 19 2 7 nd that in (my) bown) opinion DEGREE ATTENDING	ZOO AUTO YES RED (ENTER NA death occurre	CITY OR TOWN STAFF PHYSICIAN	YES, WERE FINDI RTIFYING CAUSE: YES COUNTY LIS PART I OR PART 2) COUNTY About and from the 122. DATE 129.	NGS USED S OF DEATH? NO STATE that (i) (==================================



							1-	FOR STATE REGISTRAR	
) [7	5	5209	DEC	1	D. DE	EASED NAME ORPRINT)		
	1		9	D P			3 SEX		۱

STATE OF MARYLAND DE

PARTM	EENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8	REG. N	10. 3	6	2	1	6
	LAST	2a. DATE OF	DEATH	MONTH	DAY	YE AR	2b. HOL	IR A.
	HARRIS	DEC	CEMBE	R 9,	1987		4:1	5 M
	5. DATE OF BIRTH	6. AGE INY	EARS LAST BE	RTHDAY	IF UNDER	RIYEAR	IF UNDER	24 HRS
	NOV. 19, 1912		85	YRS.	MONTHS	DAYS	HOURS	MIN.
INTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMO		OR COUNT				MD

BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT CO
'NEW JERSEY	USA
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL

FIRST

BETTINA

WIDOWED 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY TEACHER EDUCATION

J	BURTONSVILLE	
-	Walter Brown Francis	٠

FEMALE

USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
NEW JERSEY
134. COUNTY
136. COUNTY
136. COUNTY
136. COUNTY
137. CITY OR TOWN
HACKENSACK

13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME

13. SIREET ADDRESS 151 PROSPECT AVE.

07601

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

-	-			-	
114	F	A	THE	R'S	NAME
B-01"					

MIDDLE

4. RACE

MERSHON

JENNIE

MIDDLE MIRSK

ISAAC 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)

underlying

166. SOCIAL SECURITY NO

MIDDLE

WHITE

17. INFORMANT CASTLE RD.

SHELLEY ROCHESTER 2901 GREEN 20866 BURTONSVILLE, MD

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY advernome IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate couse (a), stating the

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

N	A
OR CONTRIBUTING	

couse lost

216 TIME OF INJURY HOUR A.M.

206. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO T NO 21c. HOW INJURY OCCURRED

21d. INJURY OCCURRED

21. PLACE OF INJURY

211. LOCATION

COUNTY

saw the deceased olive on, obove, (1) (we) (did) (did not) view the body after death

CERTIFICATION

MEDICAL

AT HOME, STREET, FACTORY 22a.1 certify that (I) (this-haspital) attended the deceased from

(our) opinion death occurred on the date and hour and from the causes stated

226. SIGNATURE

DEGREE ATTENDING MEDICAL STAFF PHYSICIAN [] DIRECTOR PHYSICIAN 22e ADDRESS

22c. DATE/SIGNED

STATE

23c. NAME OF CEMETERY OR CREMATORY

NEW JERSEY

REMOVAL/BURIAL

DEC.11,1987

CEDAR PARK

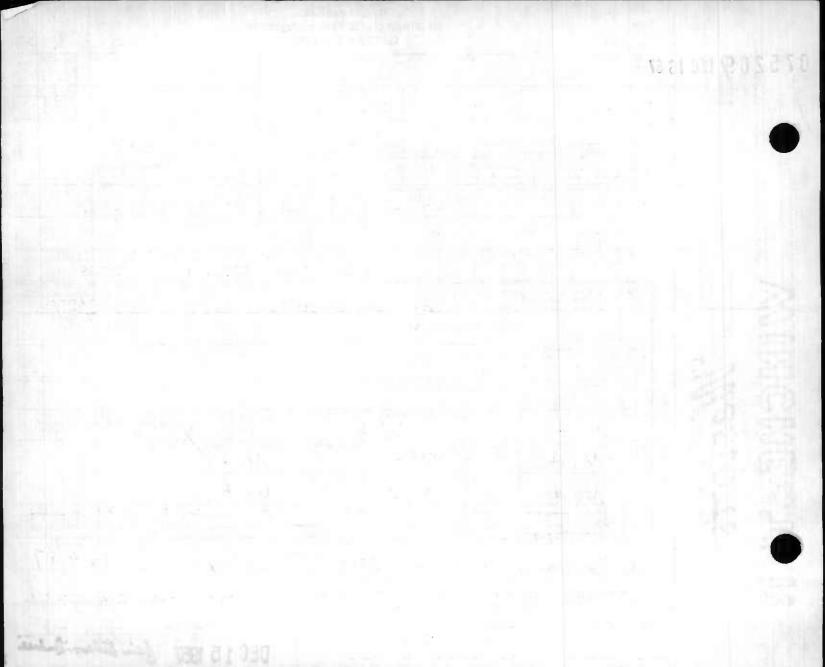
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250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SCNATURE OF THE CONTROL OF THE CON

should be DHMH - 16 50M 1/81 (VRA 15, 4)

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the burial-transit and Mental Hygie



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director page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH

LAST

G	ENE 8 R/G. NO. 3 5 2	1 7				
	20. DATE OF DEATH MONTH DAY YEAR	2b. HOUR				
	DECEMBER 4 1987	3:20 A				
	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR	IF UNDER 24 HRS				
	61 YRS MONTHS DATS	HOURS MIN.				
1	9 BALTIMORE CITY OR COUNTY OF DEATH					
	MONTGOMERY	MD.				
		F BUSINESS OR				
		U.S.ARMY				
	13e STREET ADDRESS / ZIP CODE	21225				

FOR STATE OFEGISTRAR DEC DECEASED NAME

TYPE	EDWARD VINCENT HARRIS, JR.				DECEMBER	7	3:20 A					
SEX					5. DATE C				IF UNDER I YEAR	# UNDER 2		
M	IALE	LE CAUCASIAN		IAN	JANUARY 30 1926		61	YRS	MONINS DATS	HOURS	MIN.	
BIRTHPLACE (STATE OR FOREIGN COUNTRY) VIRGINIA				STATES	8. MARRIE WIDOWE	D NEVER MARRIED DINORCED	9 BALTIMORE CITY OF MONTGOME	Y OF DEATH	FDEATH MD.			
BETHESDA			1. NAME OF I	HOSPITAL, NURSING HEACILITY, GIVE STREET A NAVAL HO	ADDRESS)	ROTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE RETIRED			126. KIND OF BUSINESS OR INDUSTRY U.S.ARMY			
Ba. S	L RESIDENCE (1E NURS TATE CYLAND	13b COUNT BALTI	ſΥ	GIVE RESIDENCE BEFORE 131. CITY OR TOWN BROOKLY!	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 505 ARSAN			21225		
1		ARD VI	NCENT I	HARRIS		15. MOTHER'S MAIDEN NA FIRST HAZ	EL B. SYKES		LAS			
WAS DECEASED EVER IN U.S. ARMED F (YES, NO OR UNKNOWN) (1E YES, GIVE WAR) YES 1950-1				AR OR DATES)		21223						
ON	Conditions, if ony, gove rise to improve the couse to the couse to the couse	nediate ig the last.	(b)	R AS A CONSEQUE R AS A CONSEQUE DISTRIBUTING TO D	NCE OF	NOT RELATED TO THE TERM	ninal disease or con	IDITION GIV	VEN IN PART TIE			
IFICA	19a. DATE OF OPERA	DATE OF OPERATION 196 CONDITION FOR WHICH OPER				N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE IN CERTIFYING C. YES X NO YES X			FINDINGS USED AUSES OF DEATH?		
CAL CER	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIES MEDI-	CAUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 #	PART 1 OR PART 2)			
MEDI	21d INJURY OCCUR!				ARM, ETC.)	211 LOCATION STREET CITY OR TOWN			COUNTY	COUNTY STATE		
	22a. I certify that (I) sow the decease above, (Irliwe) (s 22b. SIGNATURE	ed olive on_	DECEMBI	ER 4 19	87	nd that in (my) (our) apinion DEGREE	to DECEMBE				-	
M. MACCAL STAIN PHYSICIAN DIRECTOR PHYSICIAN DIRECT												
					NAVAL HOSPITAL BETHESDA, MD 20814-5011							
0 B	URIAL, CREMATION, SPECIFY) Burial	REMOVAL	23b. DATE 12/9/			emetery or crematory ham Veterans	23d LOCATION CITY OF TOWN Chel tenha	m (Pr.	Geo's)	Md		

DHMH - 16 60M 7/B4

to PUNERAL DIRECTOR: A hould be defricted for use the State Dept. of Heal ORTANT, II IN

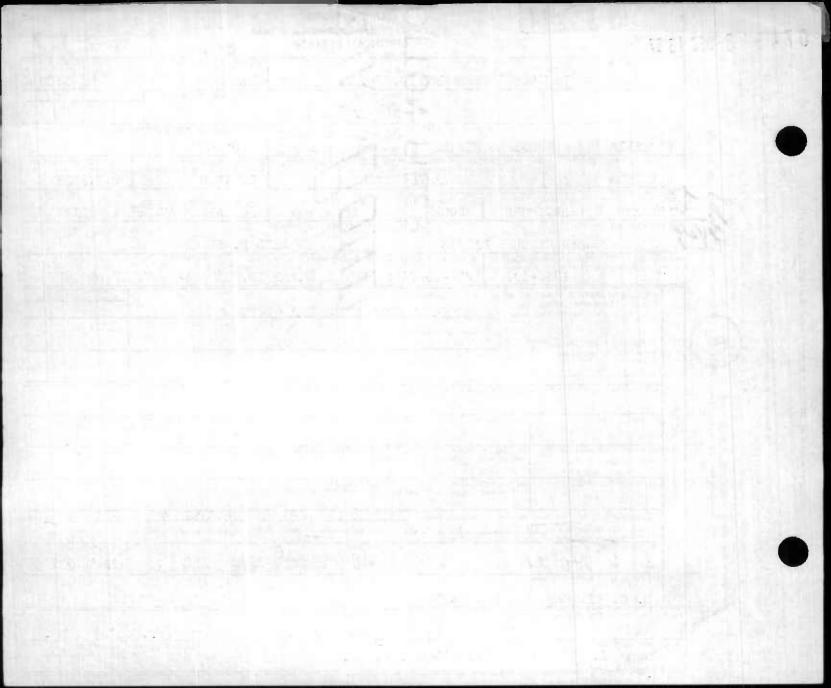
HOSPITAL

BP.

24 FUNERAL DIRECTOR Richard A. Coleman Funeral Home (VRA 15, 4)

-Upper Marlboro, 20772

Cheltenham Veterans Cheltenham (Pr.Geo's) 256. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
UEU 1 4 1987



Ave. N.W. Washington D.C.

MIDDLE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

MONTH

26 HOUR

126, KIND OF BUSINESS OR

Mawbey

2 Hours

1004 KerwinRd

Many Walley 0901

5 Hours

NO F

COUNTY

256 REGISTRAR'S SIGNATURE

221 DATE SIGNED

Dec.14.1987

Dept of Labor

IF UNDER 1 YEAR

INDUSTRY

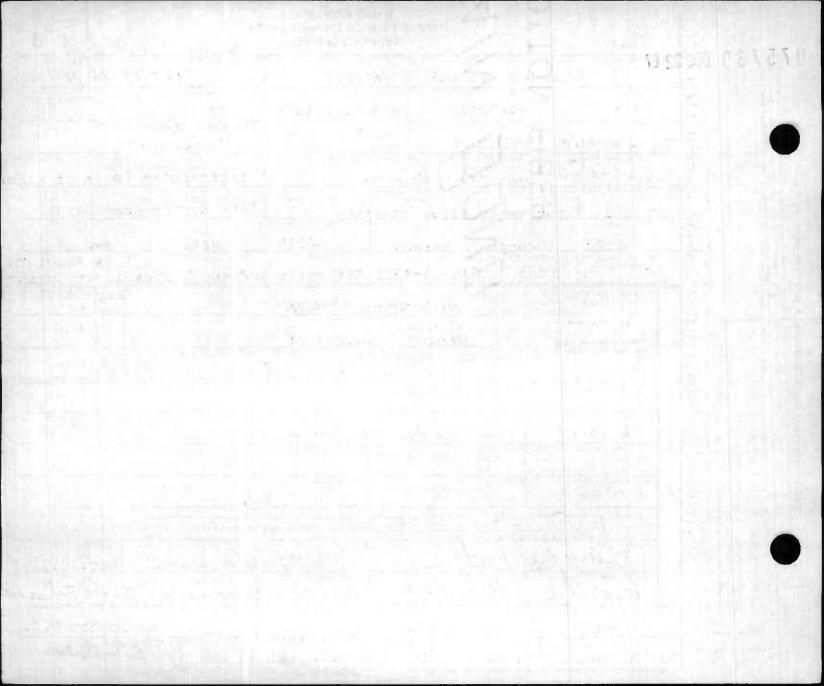
20 DATE OF DEATH

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

REGISTRAR

- STATE



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STATE OF MARYLAND

PEPARTMEN	T OF	HEALTH	AND	MENTAL	HYGIENE
C	ERT	FICAT	E OF	DEATH	

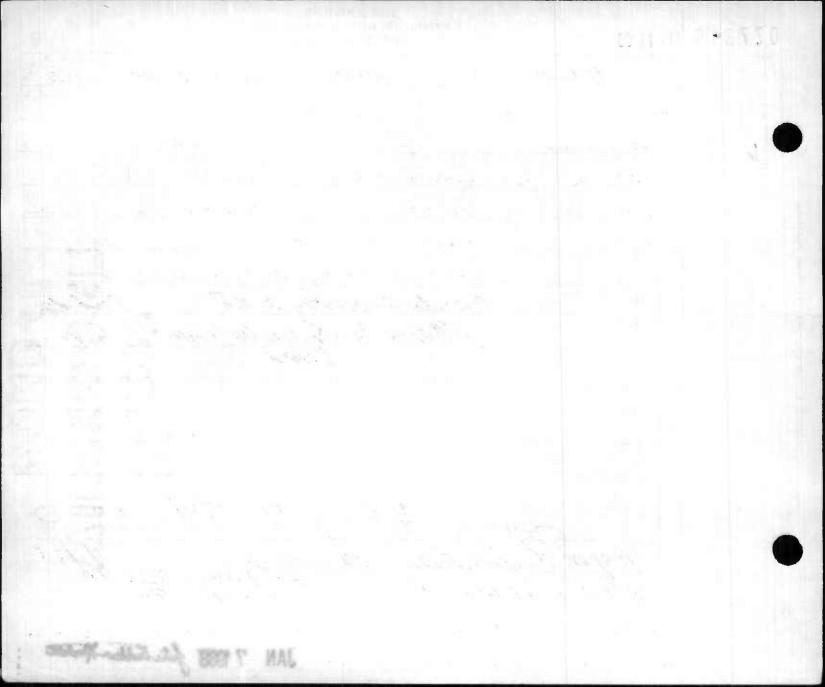
	JAN STATE OF R		DEPARTA		EALTH AND MENTAL HYG	IENE	o. 🗳	5 2	19
1	1. DECEASED NAME FIRST		MIDDLE	l	AST	20 DATE OF DEATH	MONTH DA	LY YEAR	26 HOUR
ı	(TYPE OR PRINT) HILDI	9 EMA	NUEL	1-1	AYES	DECEMBER 31	, 1987		7:25 P
1	3. SEX	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
1	Female	Caucas	ian	July	7, 1905 YEAR	82	YRS	DATS DAYS	HOURS MIN.
ž	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		OF DEATH	
	Washington, D.C.	USA		WIDOWE	D NEVER MARRIED	Montgor	nerv		MD.
4	10 CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION		F BUSINESS OR
	Silver Spring	Sylvan	Manor Nu	irsing	g Home	Homemaker	OF WORKING LIFE)	INDUSTRY	
7	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 136. COUR Maryland Mont)	other institution NTY Somery	I3c. CITY OR TOW Kensingt	N	13d INSIDE CITY LIMITS?	130 STREET ADDRESS 4201 Dunne			20895
V	14 FATHER'S NAME	MIDDLE	LAST T		15. MOTHER'S MAIDEN NAM	ME		LAS	
4	Sanford NAS DECEASED EVER IN U.S. AR	MED EODCECS	Emanuel 166 SOCIAL SECU	DITYNO	May 17. INFORMANT	ADDRI	FSS	Pete	rs
		VE WAR OR DATES)	577-14-7		Joan D. Price		Same as	13	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(c)	R AS A CONSEQUE		DISCOSE NOT RELATED TO THE TERM	INAL DISEASE OR CON	EDITION GIVE	N IN PART 1 o	
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDIN	NGS USED OF DEATH?
	OD COMPRING COLOR	ATH HOUR A.		AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RELORPART 2)	
	THE EIHER NOTIFY MEDICAL EXAMINE 216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK	21e PLACE	OF INJURY REET FACTORY OFFICE, F	ARM ETC 1	211 LOCATION STREET	CHY OR TO	OWN	COUNTY	STATE
	220.1 certify that (1) (this hosp saw the deceased align of	12/3/	ne deceosed from_	2/1/2	nd that (my) our) opinion	deoth occurred an the d	ate and hour		that (I (we) ast causes stated
	Menon o	1. Le	when	/	ATTENDING PHYSICIAN	MEDICAL STA		The Date	188
	MYRON L.	LENK	IN MU	7	27e ADDRESS 230	19 SHORE HENTON	FIELD MO.	0 140	
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	Jan.4,			EMETERY OR CREMATORY Hill Cemetery	23d LOCATION CITY OF TOWN Suitland	Prince	COUNTY	STATE M.A.
			olling, J			E REC'D. BY REGISTRAR			UPE S FIG.
	500 University Bl				Md. 20901 JAN	7 1988	which De	iden-19	AND THE

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signer should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bur

IMPORTANT: If Item 21 is morked or Item 18 sh

(VRA 15, 4)



STATE OF MARYLAND

DEPART	MENT (OF HE	ALTH	AND	MENTAL	HYGIENE
TITUT NA						

176	287	DEC 28	67	STATE REGISTRAR W.	ALTER	R.	HELM		ICATE OF DEATH	8 REG. NO	0 1	0 2	2 0
	be be obe 3	eot		OR PRINT)	He	- R	WIDDLE	4el	-M	20 DATE OF DEATH	87	YEAR	1330 M
	Poge 4 may director, po	s offer o	3. SEX			WHITE		AUG	18°, 1905°	6 AGE (IN YEARS LAST BIR		UNDER TYEAR	HOURS MIN.
	eoth. Po	n 72 hou		RTHPLACE (STATE OR F COUNTRY) witzerland		76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED A	9 BALTIMORE CITY O		FDEATH	MD
10	s ofter d	led with	70°CI	ROCKVILL		11. NAME OF A	HOSPITAL, NURSING HEACHITY, GIVE STREET	ADDRESS)	prother institution	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O ENGINEER		126 KIND COINDUSTRY U.S.G	OF BUSINESS OR
AND 21201	24 hou	35	USU/ 13a S	AL RESIDENCE (# NURS TATE MD •	MON'I	OTHER INSTITUTION	GATTHERS		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS A 10543 Camb		Ct. 2	20879
MARYL	yted within	Sud 25	14. FA	ADOLF		MIDDLE	HELM		BERTHA	WIDDIE		CHSLER	3
BALTIMORE,	pao	. Poges		VAS DECEASED EVER YES, NO OR UNKNOWN) ***		MED FORCES?	547-28-9		ALICE R. HEI	ADDRE LM SAME AS			
ST., BALI	rificate be	emovol.		PART I DEATH W		nly ane cause per D BY: TE CAUSE (a)	line for (a) (b), an	die	lmorary &	Inest		APPROX BETWEEN	ONSET AND DEATH
PRESTON	death ce	ove carb otion, or r roumatic		Canditians, if any,		DUE TO, O	R ASA CONSEQUE	ENCE OF	noi			do	rys
` ₹	that the	lease rem ial, cremo ar ather t		gave rise to imm cause (a), statin underlying cause	ig the	DUE TO, OI	R ASA CONSTON	NCE OF	e Myelon	a_		ye	an
DRDS, 21	requires en signe	Then property, injury,	TON	PART 2. OTHER SIGN						AINAL DISEASE OR CON			
AL REC	The law cian. e has be	giene prio	CERTIFICAT	190 DATE OF OPERA				OPERATIO	N WAS PERFORMED	YES NOTOPSY?	YES [NG CAUSES	NGS USED S OF DEATH?
DIVISION OF VITAL RECORDS, 2D1	SICIAN: T ng physici certificate	Mental Hygin Hem 18 sh	MEDICAL CE	210. ACCIDENT WAS UND OR CONTRIBUTING () (IF EITHER NOTIFY MEDI	CAUSE OF DE	R) P.	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM TO PART	I OR PART 2)	
DIVISIO	ING PHY r ottendi	os the builth and M	MED	21d INJURY OCCURI	PK		REET, FACTORY, OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	ATTEND ospitol o	d for use it, of Heo m 21 is m		saw the decease above, (1)	ed alive an	1 9 /	17/ 19	57.0	nd that in (my) conjoinian DEGREE	death accurred on the d	ate and havi a	nd fram the	
	OSPITAL OR ed by the h UNERAL DIR	Stote Dep		22d BHYSICAN'S N	2) Pe	mar			MEDICAL STA	FF CIAN 🗌	121	18/87
	HOSP oined	ith the Stat		DR. STEP		NEWMAN			MONT.VILLAG	E AVE. GAIT	HERSBUR	G, MD	. 20879

DHMH - 16 60M 7/84

BP.

should be detached for use with the State Dept. of Hea MPORTANT: If Hem 2

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY BURIAL

FOR

DEC.30,1987

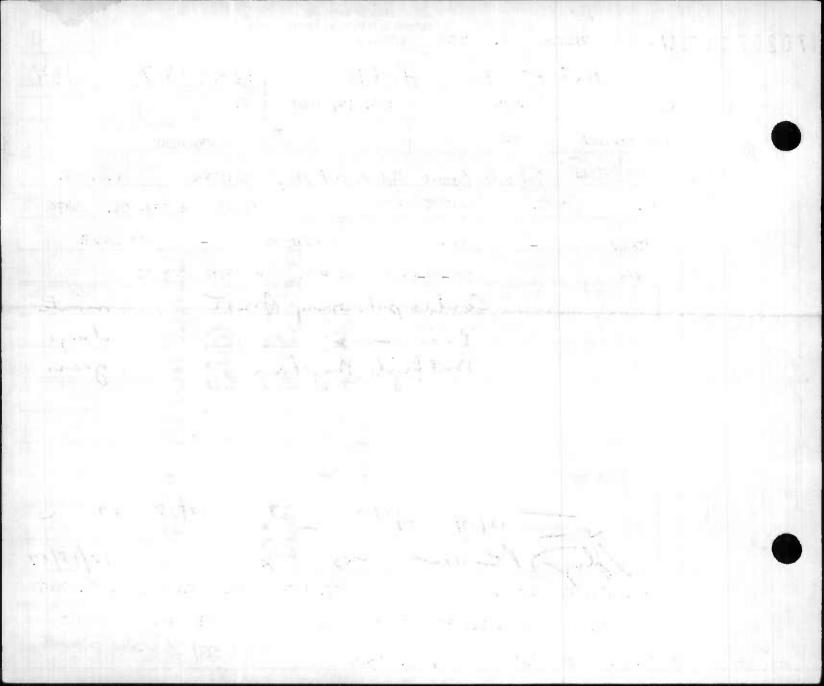
234. NAME OF CEMETERY OR CREMATORY
MEMORIAL PARK

CHANUTE

NEOSHO OUN KANSAS STATE

24 FUNERAL DIRECTOR LAYTONSVILLE, MD. 20879 MURIEL H. BARBER

DEC 2 4 1987



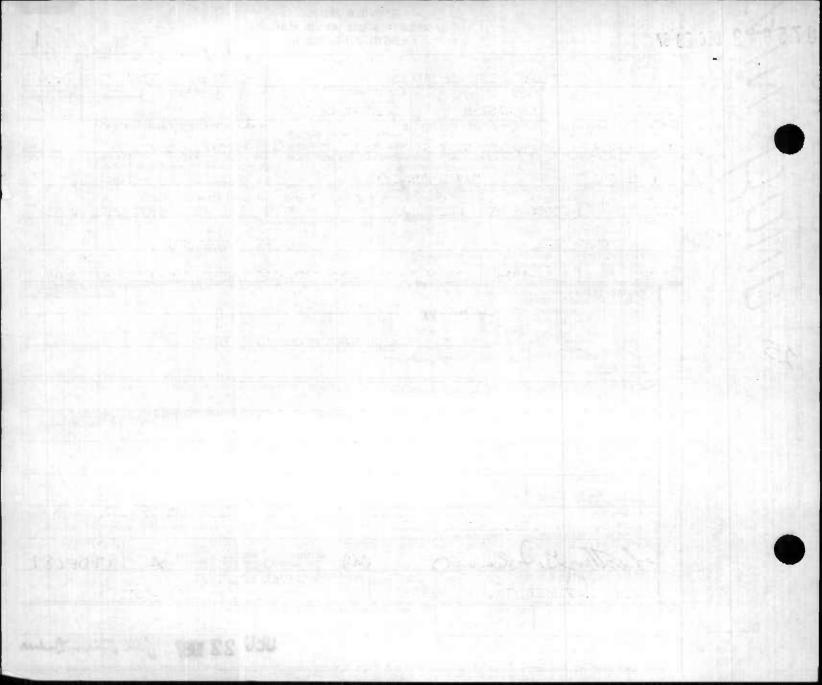
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

07	594	3 [EC 2	3 8	FOR STATE REGISTRAR			DE			EALTH AND MENTAL HY	GIENE B REG	NO. 15	6 2	2 1	
		1.13	-		CEASED NAME	FIRST		MIDDLE		t	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR	
30.1	o o	ge 3		,,,,,	. OKTANA)	FR	ANCES LE	E HEN	DRIC	KS		DECEMBER	16 198	37	8:00	P
10.05	P. O.	r. po		3. SE	X		4 RACE	01111		S. DATE C		& AGE IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
	ge 4	9 5			EMALE		CAUCASI	AN		OCT	OBER 26 1898	89	YRS		NOUNG MIN.	
	A. P.	25	17	7a BI	RTHPLACE DISTRI	CT	76 CITIZEN OF	WHAT COU	NTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH		
H.	deot	147	£ /		COLUMBIA		UNITE		1111	WIDOWE					MI	-
	of e	23	17	10 C	ITY OR TOWN OF DEA	TH		HOSPITAL, N H FACILITY, GIVI			OR OTHER INSTITUTION	(TYPE OF WORK FOR MO			OF BUSINESS OF	R
1201	urs o	10	8/	USU	BETHESDA AL RESIDENCE LIF NURSI	NC HOME OF	OTHER INITIATION	NAVAL			L .	HOMEMA	KER ·	Own H	lome	_
0 2 1	4 h	Pag p	8	13a. S	STATE	13b. COUN	VTY	13c. CITY O	RTOWN		134 INSIDE CITY LIMITS?	13e STREET ADDRES				
LAN N	2 016	5.2	757		RYLAND ATHER'S NAME	MON'	I GOMERY	BET	HESD	A	YES NO X	4500 MI	DDLETON	N LANE	20814	_
ARY	× it	17	(17)	14. FA	FIRST		WIDDLE	LA	51		FIRST	WIDDLE		LAS	51	
E, M	inted	1/6	34	160 V	OWEN			16b. SOCIA	I SECTION	TYNO	EM:	ILY PATTER	SON	200	017	
BALTIMOR	e ×	pun	10		YES, NO OR UNKNOWN)	(IF YES, GIV	8-1919								817	_
NT.IV	e pe	950	2					215-			NANCY LAW, 9	ZIS LAUKEL	OAK DR		MATE INTERVAL ONSET AND DEATH	
	ficot	phys pop	aut,		PART I. DEATH W	AS CAUSE	D BY:	ONCEC	TT 17 E	TIE V.	RT FAILURE			BETWEEN	ONSET AND DEATH	-
IS N	Cert	ding orbody	ž.			IMMEDIA	200	R AS A CON			XI FAILUNE					
RESTON ST.	deoth	ttene ove co	omno		Conditions, if any,	which					R WALL MYOCA	RDIAL INFAR	CTTON			
21	2	the creme	er tre		gave rise to imm couse (a), stating	g the	DUE TO, O	R AS A CON	SEQUEN	CE OF						
¥ .	thot	d by ease	r oth		underlying cause	last.	(c)									
RDS, 20	equires	Then pl	injury, o	NO	PART 2 OTHER SIGN	IIFICANT (CONDITIONS <u>CC</u>	ontributin	G TO DE	ATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CO	ONDITION GIV	EN IN PART 1	a	
RECORD	e low r	permit.	ws only	CERTIFICAT	19a DATE OF OPERAT	ION	19b COND	TION FOR V	VHICH O	PERATIO	N WAS PERFORMED	20a AUTOPSY? YES □ NO ▼		YING CAUSES		
/ITA	4. Th	onsit dygre	8 %	CERT	21a ACCIDENT WAS UND	ERLYING [-	-	21c HOW INJURY OCCU			-	140	-
OF.	CIAN	ol-tre	E		OR CONTRIBUTING C		3111	M. MONT	H DAY	YEAR						
NO	HYSI	buri	200	MEDICAL	21d. INJURY OCCURR		21e. PLACE	OF INJURY			211 LOCATION	CITY OF	FOWN	COUNTY	STATE	-
DIVISION OF VIT	O P	ter the	rked	×	WHILE NOT WH	K	(AT HOME STR	EET, FACTORY, (OFFICE FARI	M, EIC)	SINECI	Cirro	TOWN	COUNT	STAIL	
۵	207	R. Af	e s		22a.1 certify that (1)	(this haspi	tal) attended th	e deceosed	fram_D	ECEM	BER 12 19 8				that (I) (we) las	51
	ATTE	of to	, 21	1	saw the decease abave, (I) (we) (d	d alive an id) (did no	DECEME	ER 16 after death.	19_8	7 , ar	nd that in (my) (aur) apinia	n death accurred an the	date and hav	r and from the	causes stated	
	e ho	DiRE	l llen		22b. SIGNATURE	- 01	7.				ATTENDING	MEDICAL S	TAFF .	22c. DATE	SIGNED	
	TAL by th	RAL	z	1	Lister	الكور	4 steen	mo			PHYSICIAN	DIRECTOR PHY		177	DEC87	_
	OSP ed b	FUNE old be	NRTA		22d PHYSICIAN'S NA		PRINT)	110 11	CNID			AL HOSPITAL				
	eto H	should b	MPORTAN		WESTBY G.		ER, LT,	MC, U				HESDA, MD 2	0814-50	011		
	Pro (*			73a. E	BURIAL, CREMATION, I	REMOVAL	Dec.21,	1007			emetery or crematory on National	CITY OR TOWN	h - m -	COUNTY	STATE	
	BP.				Darrar		Pec.21,	1907	WIT.	THY C	JII NaLIOIIAI	Ariing	Lon, V:	irginia		

24 FUNERAL DIRECTOR ROBERT A. Pumphrey Funeral Home/

300 West Montgomery Ave., Rockville, MD 20850

DHMH - 16 60M 7/B4 (VRA 15, 4)



any injury, or other traumatic event, the

IMPORTANT: If Hem 21 is marked or Hem 48

ne funeral director, page 3 within 72 hours ofter death

Page 4 may be

FOR STATE REGISTRAR

(TYPE OR PRINT)

	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG NO.	6 2 2 2
D	MIDDLE Jame	LAST Hendricks		DAY YEAR 26 HOUR
ANF He	ndric	KSON	12-7-87	12°AM
4 RACE Whit	e	5. DATE OF BIRTH MONTH Dec. 24, 1910	6. AGE (IN YEARS LAST BIRTHDAY) 76	IF UNDER 1 YEAR IF UNDER 24 HRS
76. CITIZEN OF	WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED		a. Cau aci
	HOSPITAL, NURSING	GHOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING RECEPTIONIST	LIFE) 125 KIND OF RESIDENCE OF INDUSTRY REPORT OF I
AE OR OTHER INSTITUTION OUNTY ON TROMETY	13c. CITY OR TOWN Be these	13d. INSIDE CITY LIMI		DE Dr./20814
MIDDLE	endrickso	n Edith	N NAME MIDDLE	Ulmer
. ARMED FORCES? S. GIVE WAR OR DATES}	577-42-9		Stoutenburgh, 115	DC 5 CT Ave, NW, Wash
er only one couse per USED BY: DIATE CAUSE (0)	line for (a), (b), and	laur mouffi	CIENCY	APPROXUMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, O	RAS A CONSEQUE		a Tyleo lyna	9 mo

L	<i>U</i> i			Valic	1-50	, ,0	12-1-	8 /		1d	AM
3.	SEX	4	LRACE		5. DATE C		6. AGE (IN YEARS LAST BE	RTHDAY)	MONTHS DAYS	HOURS	24 HRS
	emale		Whit	e	Dec	24, 1910	76	YRS	Jan	1.00%	PALITY.
70	BIRTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY		0 .	- Bet	4. och
	Penna.		U.S.		WIDOWE	D DIVORCED		90m	ery ct	- Del	MD.
10	Sethes d	A S		HOSPITAL, NURSIN		OF OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Receptio	OF WORKING LI	126 KIND O INDUSTRY US New	_	
	SUAL RESIDENCE (# NURS a STATE MD	136 COUNT		GIVE RESIDENCE BEFORE 131. CITY OR TOW Be these	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 9617 Bel	/ ZIP CODI	E		
14.	FATHER'S NAME					15. MOTHER'S MAIDEN N	IAME				
L	Raymond	M	IDDIE	endricks	on	Edith	WIDDLE		Ulme		
164	WAS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS			DC
	(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	577-42-9	9958	M. Joseph	Stoutenburgh	, 1155	5 CT Ave	.NW.	Wash.
F	18 CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (b), one	dicul	m				MATE INTERV	
	PART I. DEATH W	AS CAUSED	BY:		Jams	insuffic	iency			eeks	
H		MANAGONATE		R AS A CONSEQUE		- 11	0. 1		0		100
ı	Conditions, if ony,	, which	(b)	alveold	LY C	arcinoma	1) salv lo	und	9 N	S	
1	gove rise to imm		DUETO	R AS A CONSEQUE			(
	underlying cause		(10)	K AS A CONSEQUE	INCE OF		,				
L		NIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CON	IDITION GIV	VEN IN PART I to		
3											
CERTIFICATION	190 DATE OF OPERA	TION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YE	S, WERE FINDIN	GS USED	12
1							YES NOT		ES []	NO []	
18	21a. ACCIDENT WAS UNI		216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCL	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18	PART OR PART 2}		
13	OR CONTRIBUTING (IF EITHER NOTIFY MEDI		P.,		19						
MEDICAL	21d. INJURY OCCUR	RED	21e PLACE	OF INJURY	A DAA ETC \	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	517	ATE
1	AT WORK NOT WE	HILE		and the state of t	٨	0-	7 0	1	07		
	22a.l certify that (1)		ottended th	deceased from	MON.	19 0	1, to Dec	6	19	hat (I) (w	e) lost
	saw the decease above. At twe Pu	ed alive on did ide!	view the hady	Inter death.	, or	nd that in (my) (our) opinio	n death occurred on the d	ate and hou	ur and from the c	couses stat	led
	77K SHONATURE	1 IN	MAN	Man	111	PEGREE			22t. DATE S	SIGNED	0.00
	MU	MAG	WW	WW	MIG	ATTENDING PHYSICIAN	MEDICAL STA		Dec	, 7,10	18/
	IN PHYSICIAN'S NO	AME THE OF	Market)	~~		22e. ADDRESS		=150	~		
	TETER	6.1	USHI	KAS		11510 OLD	GEORGETOW	NB.	Rockum	LLEV	mp.
23	BURIAL, CREMATION,	REMOVAL	23b. DATE		IAME OF C	EMETERY OR CREMATORY			COUNTY		
	Cremation		12/8/			fort Cremato	ory Alexan	dria,	VA	STA	nit
	FUNERAL DIRECTOR	Joseph	n Gawle	r's Sons,	Inc.	25a. D	ATE REC'D. BY REGISTRAR	25b. REGIST	TRAR'S SIGNAT	RE	0.1
5	130 Wiscons	sin Ave	, NW, Wa	shington,	D.C.	20016	6 1 1 1087	Julia	Davidson-k	Contract of the last	-

DHMH - 16 60M 7/84 (VRA 15, 4)

12 4 23 17 3 4 17 en michsen nite ec. 4, 1/10 75 enale Replaced paragrant seed x .A. Z. II · Million Peront Plantat Walleys Control Receptionist Walleys Conla Contromery Setheads x 9617 Bellevue M./20814 -- Tendrickson Phith Ulmer arr ond DC 577-42-1958 . Joseph Stoutenburgh, 1155 CT Ne. Nilash, 11510 ELE GERREGIANTE DE RECEVENCENTE 12/5/67 ht. Confort Greattory Legendrie, V. (remation

Joseph Rwler's ons, Inc.

5130 Visconsin Ave, M. Manington, D. C. 20016

STATE OF MARYLAND

AKH	MENI	10	HEAL	IH	ANU	MENIAL	
	CE	RTI	FICA	TE	OF	DEATH	

DEC	14 8	1 -	STATE REGISTRAR			JU ANTI	CERTIF	ICATE OF DEATH	REG. NO). j	5 3	2 3
			CEASED NAME	FIRST	A	AIDDLE	1/ 1	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
ge 3		(11772	J-	1.46	/	N	Der	reshott		12-3	-87	0849M
P d		3. SE	(4. RA	ACE		5. DATE C		6 AGE (IN YEARS LAST BIRT		INDER I YEAR	IF UNDER 24 HRS
director, page 3 hours after death			Female		C		MONTH 10	28 1910	77	VRS MON	THS DAYS	HOURS MIN.
Pour M	in the		RTHPLACE (STATE OR FO	REIGN 7b. C	ITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	COUNTY OF	DEATH	
nero n 72	10 L	-OH	IO	U	SA		WIDOWE		MONTGOME	RY		MD.
with.	3/1	10. C	TY OR TOWN OF DEAT			OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATE		126 KIND O	F BUSINESS OR
led th	1/	TA	KOMA PARK	1/4/	A5)	15 TON A	Trent.	st Hospita	HOMEMAKER	WORKING (FE)	INDUSTRI	
De f	14/		AL RESIDENCE (IF NURSING	G HOME OF OTHER	R INSTITUTION,	GIVE RESIDENCE BEFORE		134. INSIDE CITY LIMITS?	13e STREET ADDRESS /	7IP CODE	. 6	MICKE
filled		CA	LIFORNIA	ALAMED	A	BERKELEY		YES NO	1708 EUCLI		JE G	4769
12 sh	(E)	19. FA	THER'S NAME	MIDDL	F	LAST		15 MOTHER'S MAIDEN NA	WE		LAS	1
Id S	0		CARL		STIAN	MEYER		ELSA	MIDDE			PRINGER
Des Co	0		VAS DECEASED EVER IN	U.S. ARMED		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	55		
00	E P		NO			550-68-6	725	JAMES B. HER	RESHOFF/SON	/SAME A		
and de	#		18 CAUSE OF DEATH PART I. DEATH WA	S CALISED BY							BETWEEN	MATE INTERVAL
0.00	eve.		IANTI. DEATH WA	MMEDIATE CA	USE (0)	Cardia	ic	orrest			45	mund
-	notic				DUE TO, OF	RAS A CONSEQUE	NCE OF	0 -0 1		f.li.	100	
no to	trans		Canditions, if any, a		(b) C	Mronic &	engli	newa wit	4 regiveror	Janua		
y the	the.		couse (a), stoting underlying couse	the lost.	DUE TO, OF	R AS A CONSEQUE	NCE OF	9				
ed b	0		BART 2 CTUER SICAU	((c)	THE TAKE TO S		NOT DELL'AND TO THE TERM				
Then to bu	injury	NO	Our Our			NIKIBUTING TO L	ZEATH BUT	NOT RELATED TO THE TERM	TINAL DISEASE OR CONL	IIION GIVEN	IN PART III	
bee prio	10 T	CERTIFICATION	19a DATE OF OPERATE	NC	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, W		
t pe	500	TIE							YES NOX	YES [NO [
certificate rial-tronsit entol Hygie	18 3		210. ACCIDENT WAS UNDER		21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)	d respon
rial-1	5-/	CAL	(IF EITHER NOTIFY MEDICA		P./		19					
this by M	ō	WEDICAL	21d. INJURY OCCURRE		21e. PLACE (OF INJURY EET, FACTORY, OFFICE, F.	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
fter as th	arke e	-	AT WORK AT WORK									
TOR: Aft for use as af Heolth	5		220.1 certify that (I) (t		On a				10 Dec. 3	. 19		that (I) (we) lost
1 3	m 2]		sow the deceased above, (I) (we) (dia		w the body	alter death.		nd that in (my) (aur) opinion	death occurred on the do	te ond hour or		
oched Dept.	# #	-	776 SIGNATURE	, ,	/)		DEGREE ATTENDING .	MEDICAL STAF	F	22c. DATE	SIGNED
ERAL e det Stote	Z-		721 PHYSICIAN'S NAM	Luc Co	-			PHYSICIAN D	DIRECTOR PHYSIC	IAN 🗌	Mec	10116
A P	PORTA		0	05	40 1			0111		TAr	AMA (PARK MI
show with	NA Y		K EWIN	412	MU			1714 LARC	H MUE	1 1/6	01-11/1	THEIT I'LL

DHMH - 16 60M 7/84

(VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate hos been signed

(SPECIFY)

CITY OR TOWN

DEC 4, 1987 CREMATION

24 FUNERAL DIRECTOR FRANCIS J. COLLINS, JR. ALEXANDRIA VIRGINIA

"D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE" Julia Divider Randon

500 UNIVERSITY BLVD W SILVER SPRING, MD 20901 77296

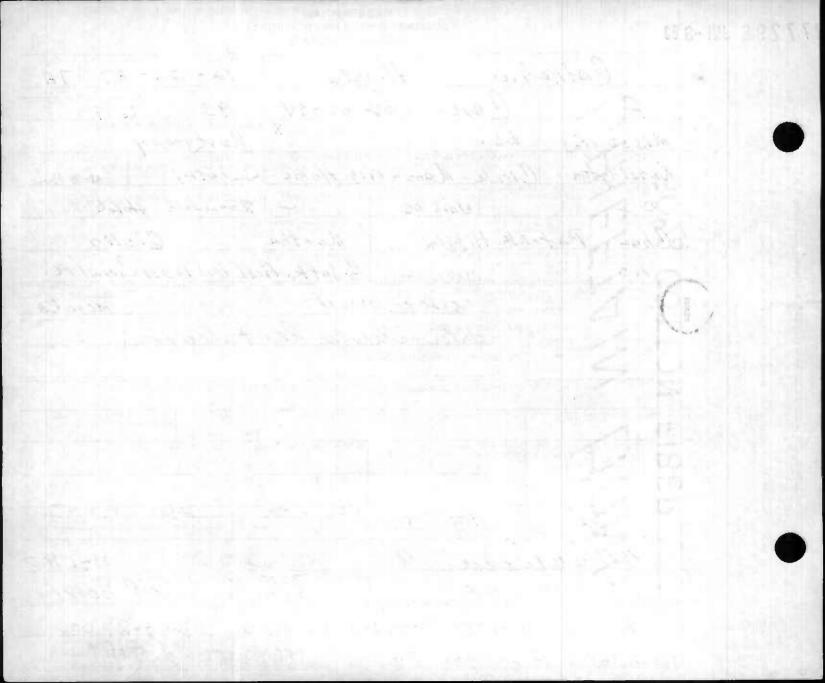
STATE OF MARYLAND

CI	ERTIF	ICATE	OF [HTAS

IAM -C	90	FOR	DEPART	MENT OF H	IEALTH AND MENTAL HYG	IENE		
JAN TO	00.	STATE REGISTRAR		CERTIF	ICATE OF DEATH	8 REG. NO	0 4 6 6	2 2 4
1		CEASED NAME FIRST	WIDDIE	11	AST		MONTH DAY YEAR	2b HOUR
to 15	1	EORPRINI) (Athe	rine	His	19/21	12 - 8	26-87	7A M
0	3. SE		1 RACE	5. DATE	PBIRTH	6. AGE IN YEARS LAST BIRT		
t a		F	(auc.	DC	- 07 - 54	93	YRS 6 19	S HOURS MIN.
hour le	7a,B		76. CITIZEN OF WHAT COUNTRY?	8	\	9 BALTIMORE CITY O	R COUNTY OF DEATH	
7 /2	n	CISSDUCI	1.5.	WIDOWE	D NEVER MARRIED &	Mortgo	mark	MD
the second			11. NAME OF HOSPITAL, NURSIN	NG HOME C		120 USUAL OCCUPATION		OF BUSINESS OR
The Car	K	ensington		0-1	Vsg Home	Lect etta	/	Hone Hone
141	13a.	AL RESIDENCE (IF NURSING HOME OR COTATE	TY 13c. CITY OR TOW	VN	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE.	KAKKR
Ja 45	1	D.C. N	WASH D	C	YES NO 1	Roswel		1777
11/1	14. F	ATHER'S NAME	MIDDLE . / LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE		IAST
//!	16	has PATI	" Ick Hisslys		Kartha	MIDDLE	6.511-	
1/11/		WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) 1 IF YES, GIVE	MED FORCES? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE		
4 (1)		NO	Unknow	m	6. SATKUH	ULL UN 12		
11 .	1	18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	y one cause per line for (a), (b) on		11.4		BETWEE	OXIMATE INTERVAL
2			E CAUSE (a)	ac a	riell		M	need
9 9 4	/		DUE TO, OR AS A CONSEQU	ENCE OF	2 - Da	4-1		
phiore		Conditions, if any, which gave rise to immediate	(b) arteru	nell	rolli Kla	et dese	are	
rem her i		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF				
or of			(c)					
hen p to bur	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PART	lia
The same	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINI	
ows o	TIF	LANCE WITH				YES NOT	IN CERTIFYING CAUS	ES OF DEATH?
Hygin 8 sh	8	21a. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART 1 OR PART 2)
at a la fa		OR CONTRIBUTING CAUSE OF DEAT		AY YEAR				
Mer Mer	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR TO	wn COUNTY	STATE
ond steed	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY OFFICE	FARM, ETC)	STREET	CITY OR TO	WIN	STATE
a se o	13	220.1 certify that (I) (this hospite	al) attended the deleased from		11121 10 86	, to	126 19 8	. that the lost
of H 21 is		saw the deceased live on abave, (II (we) (did idid not	12/26 19_	F7	nd that in (my Cour opinion o	death accurred on the do	ite and hour and from t	he couses stated
bed ept.		22b. SIGNATURE	New the bday after death.		DEGREE		22c. DA	TE SIGNED
T: If		KAL ROJES	Beres 1	11.1	ATTENDING PHYSICIAN	MEDICAL STAF		76/17
AN TAN	1	226. PHYSICIAN'S NAME TYPE OR	(PRINT)		22e ADDRESS 372	O FARRIM	GOT AIDE	,
APORT		B.N. ROSE	al BAOGI		ICEN	15MGT-04	, MO. 21	0891
100	23a. I	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF C	EMETERY OR CREMATORY	236 LOCATION	COUNTY	STATE
4/		Removal	12-26-87 6.	conced	son Univ Med	1- Sch. 11 0	whiten	DC
6 60M 7/84	24 F	UNERAL DIRECTOR	ADDRESS	-	25a. DATI	E REC'D. BY REGISTRAR	9 9	
(15, 4)	IR	best Co Moson.	Final Hone	In	DEC	3 1 1987	n Desiden	Condata

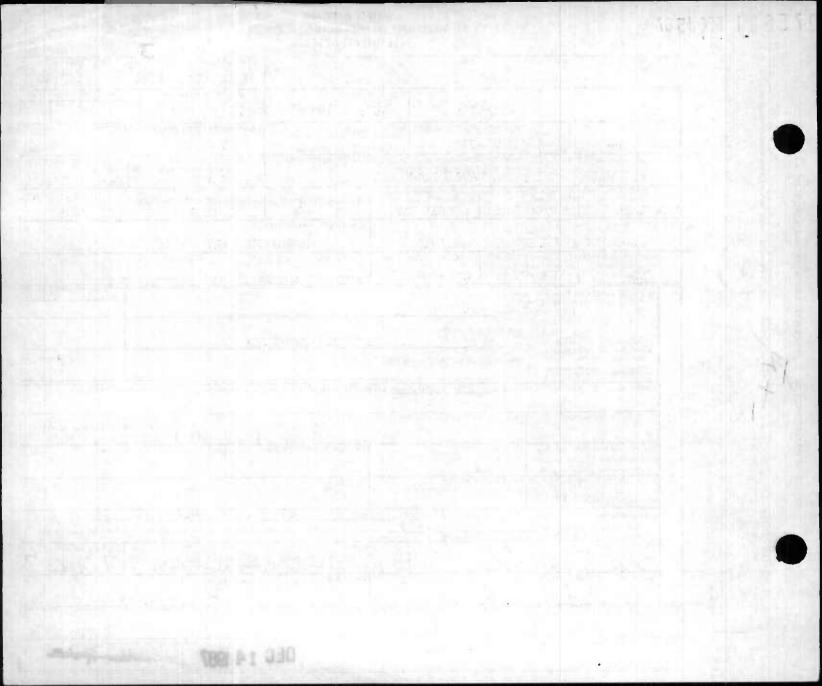
Co Moson Funcil Hone In

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

075081 DEC 13	1 87	FOR		Denamen		E OF MARYLAND			
	11:	STATE REGISTRAR		DEPAKIN		EALTH AND MENTAL HYG		-	0 0 0
	1. DE	CEASED NAME FIRST	MID	OLE		AST	REG. No.	MONTH DAY YEAR	2b HOUR
noy be poge 3		OR PRINTS	EPH JOHN	HIE WAY	HII	TON	DECEMBER	6 1987	3:40 P
of od	3. SE	X	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY] IF UNDER 1 YE	AR IF UNDER 24 HRS
erfor.		MALE	CAUCASI	AN	JU	NE 6 1912 YEAR	75	YRS MONTHS DA	YS HOURS MIN.
1 1667	70. BI	RTHPLACE (STATE OF FOREIGN COUNTRY) WYORK	76. CITIZEN OF WI	HAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O MONTGOMER	R COUNTY OF DEATH	MD.
10 P 10 T	10. C	TY OR TOWN OF DEATH BETHESDA	11. NAME OF HO	SPITAL, NURSIN ACILITY, GIVE STREET VAL HOS	G HOME C	DR OTHER INSTITUTION	12a USUAL OCCUPATION OF STREET OF WORK FOR MOST CONTROL OF THE PROPERTY OF THE	F WORKING LIFE) INDUSTI	O OF BUSINESS OR
MARYLAND 2120 ed ithin 24 beam implement offed in by min 2 belong to the continue must be	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 13b COULD MONT		VE RESIDENCE BEFORE LE. CITY OR TOWN KENSING	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS A	20	0895 SVCS
TAN THE AND	14 FA	THER'S NAME FIRST	MIOOLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAST
	16a V	LOUIS WA	LSH	HILTON b SOCIAL SECU	PITY NO		RET MARY		TTER
BALTIMORE.		(ES, NO OR UNKNOWN) (IF YES, GI	2-1955	007-10-2		WIL	Ŀ		
TIVE STATE OF THE		18 CAUSE OF DEATH (Enter of	nly one cause per lin			MARGARET HILT	ON, 3333 UNI		OXIMATE INTERVAL EN ONSET AND DEATH
. 4 400 5		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	UROSEPS					IN ORDET AND PLANT
201 W. PRESTON ST. Thorithe dooth certi- ned by the attending p please remove corbon unol, cremotion, or rem , or other froumatic ev.			DUE TO, OR A	S A CONSEQUE					
e offer of trous		Conditions, if ony, which gave rise to immediate	(b)		MULTI	INFARCT DEMENT	ria		
by th		cause (a), stating the underlying cause last.	DUE TO, OR A	S A CONSEQUE	NCE OF				
	2	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO D	EATH 8UT	NOT RELATED TO THE TERMI	nal disease or con	DITION GIVEN IN PART	110
RECORDS, low requirement. There e prior to be sony injury.	ATIO	19a DATE OF OPERATION	19h CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FINI	DINICELIEED
	CERTIFICATION				0, 2, 1, 1, 10	TO TENTONNED	YES NO NO	IN CERTIFYING CAUS	SES OF DEATH?
AN. Thysical front		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	2	NJURY MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2	1)
ON OF Properties of the post o	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.		19				
DIVISION OF VITAL ING PHYSICIAN: The rottending physicion wither this certificate h os the buriol-tronsis p th and Mental Hygier orked or item 8 show	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY FACTORY OFFICE, FA	ARM ETC)	21f. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
NOIT NOIT NOIT No AS Teolt		220.1 certify that (1) (this hosp	ital) attended the a	leceased from_			DECEMB		, that (I) (we) last
ATTE aspirte ECTO d for t. of 1		sow the deceosed alive an above, (I) (we) (did) (did no	DECEMBER	6 19 8 ter deoth.		nd that in (my) (aur) opinian d	eoth accurred on the do		
OR he he horber toche Dep	10	27b. SIGNATURE	120			DEGREE ATTENDING	MEDICAL STAI	F	TE SIGNED
HOSPITAL med by th FUNERAL uid be detected to the Stote ORIANT: I	1	224 PHI SICIAN'S DIAME (TYPE O	OR PRÍNTI)		U	122- ADDDECC	DIRECTOR PHYSIC	IAN Z	DECOL
TO HOSPITA retoined by TO FUNERA should be de with the Stot		W. G. KISHER	LT. MC.	IICN		The same of the sa	HOSPITAL ESDA, MD 20	81/1-5011	
0 8 5 8 4 A		URIAL, CREMATION, REMOVAL			AME OF C	EMETERY OR CREMATORY	23d LOCATION		
BP		CREMATION				LITAN CREMATOR	ALEXANDR	IA	VIRGINIA
DHMH - 16 60M 7/84		INERAL DIRECTOR FRAN	CIS J. CC	LLINS.	JR.	INFO	REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN	
(VRA 15, 4)	500	UNIVERSITY BL	VD W SILV	ER SPRII	NG, M	D 20901	14 1901	feelin Devident	



BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

TO FUNERAL DIRECTOR, where the particles has been upned by the attending physician and completely filled in by the funeral director, page 3 should be filed within 72 hours after death and the branch and Mental Hybers prior to build; compilion, as removal.

WHEDSTANT I have 21 a marked on the house any many or other traumatic event the medical expansion of beautiful and the compilion of the comp

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DEC

STATE OF MARYLAND

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-3	UREGISTRAR					AST		BÉG. N		Q 60	offen 9
	CEASED NAME OR PRINTS Mab	e1		MIDDLE R.	Hoest			December :		987	26 HOUR 2215
3 SE	X	4.	RACE		5. DATE O			6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
	Female		00		MONTH		YEAR	0.5		MONTHS DAYS	HOURS MIN
7a. B	RTHPLACE (STATE OR FO	REIGN 7h		asian WHAT COUNT		uary 27,		85 9 BALTIMORE CITY O	P COUNT	Y OF DEATH	
	COUNTRY				MARRIED	XNEVER MAI	RRIED 🛄				
	New York	'н 11		State		R OTHER INSTITU	RCED [Montgo:			F BUSINESS OR
	ockville		(IF NOT IN SUC	H FACILITY, GIVE ST	REET ADDRESS)	t Hospit		(TYPE OF WORK FOR MOST O	F WORKING LI		
MSU	AL RESIDENCE (IF NURSIN	G HOME OR OTH	HER INSTITUTION	GIVE RESIDENCE B	EFORE ADMISSION)						Onic
		ISE COUNTY Montgo		Rockv.		131. INSIDE CITY YES 📝 N	O	303 Adcl			0850
	ATHER'S NAME				TITE	15 MOTHER'S M			arre	Road/ Z	3630
	Not Arrail	AID	DLE	tAST		FIRS		WIDDIE		LAS	
16n. \	Not Avail		D FORCES?	Rott		Ma 17 INFORMANT	rie	ADDRE	ŠŠ	Gard	ner
	YES, NO OR UNKNOWN)	(IF YES, GIVE W				Anne H. Arnold,	Kreps Maryl	(Daughter and 21012	246	St. An	tons Way
	18. CAUSE OF DEATH	Enter anly	ane cause per	line for (a), (b	, and ici.1	A. (1)				APPROXI BETWEEN	MATE INTERVAL
	PART I. DEATH WA	MMEDIATE (Cardio	pulmona	ry Arres	st				
NO	gove rise to imme cause (a), stating underlying cause PART 2 OTHER SIGN	the last	(c)	r as a conse		NOT RELATED TO	THE TERMIN	nal disease or coni	DITION GIV	VEN IN PART 1:0	1
CATI	19a. DATE OF OPERATI	ON	19b. COND	ITION FOR WH	IICH OPERATION	N WAS PERFORM	NED	200 AUTOPSY?	20b. IF YE	S, WERE FINDIN	GS USED OF DEATH?
RTIF					W.53-0	The same		YES NO XX		ES 🗌	NO 🗌
MEDICAL CERTIFICATION	718. ACCIDENT WAS UNDE OR CONTRIBUTING CA	USE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	ME HOW INJU	RY OCCURRE	ED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART 1 OR PART 2)	
MEDIC	21d. INJURY OCCURRE	D E \square	21e. PLACE		ICE, FARM, ETC.)	211. LOCATION STREET		CHY OR TO	wn	COUNTY	STATE
	22a.1 certify that (I) (saw the deceased above, (I) (we) (di	olive on	12/17	1	om <u>2/24</u> 9 <u>87</u> , an		19.82 ur) opinion di	to 12/17 eath occurred on the do	ate and hav	19 <u>87</u> , or and from the	that (I) (we) last couses stated
	27b SIGNATURE	he l	New	lea	QM-	PH	ENDING YSICIAN	MEDICAL STAR		Dec.	SIGNED 18,1987
	224 PHYSICIAN'S NA	ME (TYPE OR PR	HNT)	//		22e ADDRESS					20850
	Frauke We							ill Road,	Rockv	ille, M	aryland
	BURIAL, CREMATION, R (SPECIFY) Cremation	on	Decem 19,	1987	Montgon	emetery or cre nery Cres nc.	matori	23d LOCATION um city or town Bethesda/N	lonta	county omerv/Ma	state
24 F	NAME ROAM	obert	A. Pum le, In	phrey I	Tuneral West Mo	Home/	25a. DATE	REC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNAT	URE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely lines in the traition bases 2 should be detached for use as the busicistronist permit. Then please remove corbon popers. Pages 1 and 2 should be fitted within 72 four after both with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

INFORTANT: If hem 21 is marked or frem 18 shows any injury, or other traumatic event, the medical examine, must be pullify that the contraction.

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STATE OF MARYLAND

DEPAR

RETMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE REG. (NO. 3	Ó	2	2	-
LAST	2a. DATE OF DEATH	MONTH	DAY	YEAR	Zh. HOL	JR

FOR STATE REGISTRAR			HEALTH AND MENTAL HYGI FICATE OF DEATH	IENE REG. NO	0. 3 5 2 2 7
DECEASED NAME	PHARLOT	MIDDLE G.	HOGAN		MONTH DAY YEAR 126 HOUR 35 10 A M
J. SEX FEMALO	1. RACE =	LE S. DATE	OF BIRTH TH DAY YEAR - 22- //	6. AGE (IN YEARS LAST BIRT	MONTHS DATE HOURS MIN.
76 BIRTHPLACE (STATE OR F COUNTRY) Maryland		WHAT COUNTRY? & MARRI	ED NEVER MARRIED		R COUNTY OF DEATH tgomery MD.
Silver Spring		HOSPITAL, NURSING HOME		TRECOR PESSE	
USUAL RESIDENCE (# NURS 130. STATE Maryland	ng home or other institution 13b. COUNTY Montgomery	GIVE RESIDENCE BEFORE ADMISSION 134. CITY OR TOWN Silver Sprin	136 INSIDE CITY LIMITS?	13e STREET ADDRESS 9913 Ind	ian Lane 20901
14. FATHER'S NAME FIRST Samue	MIDDLE G.	lasi Gaither	15. MOTHER'S MAIDEN NAME FIRST Mary	Alic	
160 WAS DECEASED EVER (YES, NO OR UNKNOWN) N/A	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) N/A	166. SOCIAL SECURITY NO. 217-32-9671	John G. Hoga	an-son-(sam	
	which ediate a the lost. DUE TO, C	DR AS A CONSEQUENCE OF		INAL DISEASE OR CONI	DITION GIVEN IN PART Tra- 20b. IF YES, WERE FINDINGS USED IN CERT IF YING CAUSES OF DEATH?
OR CONTRIBUTING (IF EITHER NOTIFY MEDI	AUSE OF DEATH HOUR A	OF INJURY I.M. MONTH DAY YEAR P.M. 19		YES NO	YES NO NO NO NO INTERNIT NO
AT WORK AT WO	(AT HOME, S	OF INJURY TREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	
sow the decease	(this haspital) attended t d olive on id) (did not) view the bad	ne deceased from 24 1987	, 19		ote and hour and from the causes stated
N.	and he digg	ende hos	ATTENDING	MEDICAL STAI DIRECTOR PHYSIC	FF 45 34 53
		CRALS	RIT UNIVERSIT		SILVEN SPRING, Md
230 BURIAL, CREMATION, ISPECIFY) Burial	23b. DATE 12-29		CEMETERY OR CREMATORY Hill Cemetery	Sull'Land	Princé Géorges Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP

Hines/Rinaldi Funeral Home Sil. Spr. Md. 20904

DEC 28 1987 Julia Dorder Resistrar

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STATE OF MARYLAND	MARYLAND		OF	ATE	ST	
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0/55	3 2 DB	C12	3787		DEP		EALTH AND MENTAL HY	GIENE			40	Þ ₀	1790
	-		REGISTRAR			CERTIF	ICATE OF DEATH		. NO. ()	O	2	La	6
	en 6		CEASED NAME FIRS		MIDDLE	111	AST	20. DATE OF DEAT	H MONTH	DAY	YEAR	26 HOU	R
9	ge de de		Hele	MIC	Carthy	Holm	nan	D	reember	12,1	987	95	OPM
E	s ofter death	3. SE)		4. RACE		S. DATE C		6. AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS.	RIYEAR	IF UNDER	24 HRS
ge 4	director.	4 F	emale	Cauca	asian	Fel			89 YRS.				
a a		7a. B1	THPLACE (STATE OF FOREIGH	N 76. CITIZEN O	F WHAT COUNT	TRY?	NEVER MARRIED	9. BALTIMORE CIT	Y OR COUNT	Y OF DE	ATH		
,h	within 72		ennsylvania	U.S.	Α.	WIDOWE	1/		omer	uC	DUT	ity	MD
5	d within d	10. CI	TY OR TOWN OF DEATH		F HOSPITAL, NU		R OTHER INSTITUTION	12a. USUAL OCCH		12b.	KIND OF	BUSIN	SS OR
o s	5 º 9	SI	luer Spring	FOU	Cros	5	nortal	teacher)	P	USTRY	Cou	inty
hour	5 0 00	USUA I3a S	L RESIDENCE IN NURSINONE	ALOR OTHER INSTITUTION	13c. CITY OR		13d. INSIDE CITY LIMITS?	13e. STREET ADDRE	ss 2071	5	9614	W13-	
~ ~ ~	skould b		aryland M	Prince Ge	Bow		YES NO	9112 W			ut A	ve.	
within	2 SK		THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN N	IAME MIDD			1.057		
P	ol Camplete	T	imoťĥy	# # MODIE	McCart		Ellen	MIDU	it.	Du	ırkir	1	
ecol.	d co		AS DECEASED EVER IN U.	S. ARMED FORCES		SECURITY NO.	17. INFORMANT 772	20 Tremay	PESPlace	e, #	304		
0	Poges medico	100	O .	ES, GIVE WAR OR DATES)	213-38	-2011	Edward B.					102	
10.	physicion popers. I novol.		18 CAUSE OF DEATH (En	ter only one couse p	er line for (o), (b	n, and (cl.)		1		L	APPROXIM	NATE INTER	DEATH
T T	g physic conpaper removol		PART I. DEATH WAS C	AUSED BY: EDIATE CAUSE (0)_		andre	W Horles	C .			30	5 M	INS
h ce	ding or re orice			DUE TO	OR AS A CONSE	FQUENCE OF	. 11-						
deo!	by the attendings remove carb I, cremotian, or i other traumotic		Conditions, if ony, while	ch ((b)_		Mass	me MI.						
306	remo emo		gove rise to immedio couse (a), stating the		OR AS A CONSE	EQUENCE OF							
N 5	d by lease ial, cr or ath		underlying couse to	st. (c)_									
2 8	00-		PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR C	ONDITION GI	VEN IN F	PART I/o		
8	S to to	O	5-	roke	5	olon	- Ca						
2/3	prior ony	CERTIFICATION	190. DATE OF OPERATION	19b. CON	IDITION FOR WH	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	ES, WERE	FINDIN	GS USED) H?
The Z	sit per	RTIF					17/4	YES NO	Y	ES 🗌		NO [
L Z Z	N H		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	110110	OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR	PART 21		
Sicil	entol-tron entol Hy Item 18	CAL	(IF EITHER NOTIFY MEDICALEX	AMINER)	P.M.	19		MA					
PHYSIC Hending	E . T	MEDICAL	21d. INJURY OCCURRED	21e. PLAC	E OF INJURY STREET, FACTORY, OF	FICE, FARM, ETC.)	21f. LOCATION STREET	CITY	OR TOWN	COL	UNTY	SI	TATE
DING of off	After the os the olth and marked		AT WORK AT WORK	1		10	11, 00		1,2	99			
N =			220. I certify that (I) (this saw the deceased all		the deceased from	5 17 house	19 01	, to	1 100	. 19_0		hot (1) (v	ve) last
ATTI	d for d for m 21		obove, (1) (we) (didy (c	did not) view the bac	dy after death.		d'that in (my) (our) opinio	in death accurred on th	ne date and ha				ted
6 0 a	DiRE Dep		22b. SIGNATURE	1.00		A	DEGREE ATTENDING	MEDICAL	STAFF	770	L DATES	IGNED	· .
TAL			**			1,	PHYSICIAN	DIRECTOR PH	YSICIAN _		101	1100	
HOSPIT	d be		22d. PHYSICIAN'S NAME	-			22e ADDRESS	41 Great		Ane.	-	107	t
TO HOSI	should be det with the Stote IMPORTANT:		(CIVI JA	IST MI	h-			muale	sh IVVD	. 20	190	2 .	
		- (URIAL, CREMATION, REMO				EMETERY OR CREMATORY	CITY OR TOW		COUN	TY	S	TATE
BP		E	urial	12-1	6-87	Bloomf	eld Cemeter	y New BI	oom fiel	d, F	erry	Y. P	a.
	6 50M 1/81 A 15, 4)		RANGIBR GAS					ATE REC'D, BY REGIST	RAR 756 REGIS	TRAR'S	SIGNATION	- Kand	atille
(40)		4	739 Baltimore	e Ave., i	Hyattsvi	lle, Mai	ryland	FO 77 196	110				



				6-634, 12/2	1/8/, by				ARYLAN							
		1-	FOR Gbj.				MENT OF									63
			REGISTRAR		M	EDICAL	EXAMIN	ER'S C	ERTIFIC	CATEO	FDEA	TH 7	REG. NO.	6	2 2	9
1/26	6 0 6 NOV 2	Q D	CASED NAMI	FIRST		WIDDIE			LAST		12	DATE KNO	WN X	HTMOM	DAY YEAR	26 HOUR
	38 × × × × ×		CORPRINT)	AUST	IN	К.		HOLT				OF ES	TED	11-1	3-87	
	PLEASE CTOR FILES. HOURS	3 SE)			5. DATE OF BIRT		6 AGE (IN YE)	ARS IF UN	DER 1 YR.	IF UNDER	24 HRS. 2	c. DATE	^	MONTH	DAY YEAR	2d HOUR
	REC JR J S H	.E.	emale	White	MONTH DA		LAST BIRTHDA	MONTH	S DAYS	HOURS		RONOUNCED		11 1	2 07	12:47
_	SARY, PLEASE ALDIRECTOR. YOUR FILES. HIN 72 HOURS STON STREET,	·	RIHPLACE (S		July 14	TAO!	YE	rs. 3	30			BALTIMORE	CITY OR		3-87	TZ:4W
	料金器を表	FO	REIGN COUNTRY)				IKT:	MARRI	ED NEV		ED X		_			
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	元本品品		TY OR TOWN		11. NAME OF HE	OSPITAL, NU FACILITY, GIVE S	TREET ADDRESS)			ION		AL OCCUPATION OF WORKING		WORK 1	7b. KIND OF BU OR INDUSTI	SINESS
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2120	それがあるとう		arvland	Montg			hersbu		YES .	NO TH	23	Gold K	ettle	Cou	rt 2087	8
9	+ 500		THER'S NAME		Omer.	har o	ICIBUA	-8	15 MOTHE	R'S MAIDE	-					
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ALTIMORE, MD.	BESSE 1	(A)	ES, NO, OR UNKNO	WN) I IF YES, GIVE W	VAR OR DATES)	7 3021										
N X	A PART		No			==		====	Paul	J. H	olt_	Sa	me as	13e		
- 3	WIT WIT	14	18 CAUSE O	F DEATH (Enter only ATH WAS CAUSED					7016				100		APPROXIMATE BETWEEN ONSET	INTERVAL
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0C	AL HYG			ns, if ony, which	1											
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201			lying cou	se lost.											The state of the s	
, S	BP 4886	15	PART 2 OTHER SI	GNIFICANT CONDITIONS C	ONTRIBITING TO OF A	TN BIST NOT BELL	TEO TO THE TERM	INAL OICEACE	OR CONOUTION	COMPAN IN DATE						
RECORDS,	NA SON EN	z	I ANT Z OTHER ST	omirean combinion)	ONIKIBOTINO TO GER	IN BOT HOT KEEN	TIEU IU INE IERM	IMAL UISEASE	OK CONDITION	GIVEN IN PAI	ti fial.					
SEC.	- CREA	CERTIFICATION	190 DATE OF	OPERATION	Tini conti	GO2 LAGITLA	WHICH OPER	ATIONIN	A C DEDCOD	MED 2					1	
	SED SED	2	170 DATE OF	OFERATION	198. CON	DITION FOR	WHICH OPEK	ATION W.	AS PERFOR	MED?					20 AUTOPSY?	
DIVISION OF VITAL	¥89557	T.												500	YES 🗶	NO 🗌
0	SAN		UNDERLYING	L CAUSE WAS		OF INJURY	DAY YEAR	21c HC)W INJURY	OCCURRE	DIENTERNA	ATURE OF INJURY IN	TEM IS PAR	T 1 OR PART	2)	
NO	SHOOF &	3	CONTRIBUTI	NG CAUSE OF D		.M.	19									
/ISI	PRIPA	MEDICAL	21d INJURY C	OCCURRED		E OF INJURY			ATION				71			
ā	SO CE CONTROLL	2	WHILE E	NOT WHILE AT WORK	STREET, F	ACTORY, FARM, E	TC.)	,	TREET			CITY OR TOWN		COUN	ITY	STATE
	F. WRITING THE SHOULD BE EXECUTE E. WRITING THE WORD "PENDINGS THE CHIEF MEDICAL EX- PAGE 3 SHOULD BE USED AS A BURNA. STATE DEPARTMENT OF HEALTH AND F. 21201/PRIOR TO BURIAL, CREMATION F. 21201/PRIOR TO BURIAL, CREMATION			^		1			TVI							
	#YOR HS		- 1	ly that I took sharpe	- 174	lescribed abo	ve, held on	Autop:	<u>y</u> X.	Inspection	ı 🗀.	Inquiry L	, ond ii	n my opin	non	
-	EXAMINATE OF THE SERVISE OF THE SERV		death result	ed from: Nature	alchuses 34.	Accident	L, Su	cide	, Homici	ide .	Undeter	mined monner	<i>□</i> .			
	EXAMI CERTIF JLD BE DIREC WITH AARYL	13	ACTUAL	11/1	1111	Mar	and the same of th		TITLE (SI							
	4 H 2 4 H 4		SIGNATURE.	and	111	1/6-		M	D. ASS	istan	L_MEDIC	CAL EXAMINE	R	SIGNED	11-14-8	17
	MEDIC CUTE T SE 4 SP FUNER ER DEA	1	EXAMINER'S	NIA AAE	harlad	D Vols	00 M I			11	1 Dor	n Ctwo				
	* SHEET		(TYPE OR PRI	VT)	harles	P. KOK	es, M.I	J.	ADDRESS_	11	T Per	n Stre	et			
	TO MEDICAL EXAM EXECUTE THE CERTI PAGE 4 SHOULD B TO FUNERAL DIRE AFTER DEATH, WITH	23a.B	URIAL, CREMA	TION, REMOVAL 23			NAME OF CEA				23d. LOC			COUNTY	y	ATE
07/84	BP	(:	Crema	tion 1	1/15/87	We	stview	Memo	rial 1	Park	Cat	onsvil.	le	Ba	lto N	îd
25M		24. FI	UNERAL DIREC	TOR						750 DATER			A REGISTI	RAR'S SIC	GNATURE	
	DHMH - 17 (VR A15 ME (5))	Ge	eorge J	. Gonce 4	001 Rite	chie H	gwy Ball	Lto M	d	MAN	101	1097	in K	ridor	Pulase	
	INU WIR GAT (AS)									HUT	IV	Mari Ma	was by		-	-

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death certificate

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peral director, page 3 n 72 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	REGISTRAR				CEKTIF	ICAIE OF DEATH	8	PEG. NO.		0	d.	.) U
	CE ASED NAME	FIRST	- 1	MIDDLE	L	AST	2a. DATE OF	DEATH M	ONTH	DAY Y	YE AR	2b HOUR
(TYPE	ORPRINT) La	ura		E.	Нор	kins	Dec.	27,	,]	1987		11:03PM
3. SE	X		4 RACE	The state of	5. DATE C		6 AGE INY	EARS LAST BIRTH	DAY)	IF UNDER	LYEAR	IF UNDER 24 HRS
f	emale		caucas	ian	Apr.		79		YRS			MIN.
	RTHPLACE (STATE OR I	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AA ADDIE	D NEVER MARRIED	9 BALTIMO	RE CITY OR	COUNT	Y OF DEA	TH	
	assachuset	ts	United	States	WIDOWE		Monta	omerv	Cour	ntv		MD.
10 €	ITY OR TOWN OF DEA		11. NAME OF			OR OTHER INSTITUTION	120 USUAL C		N	12b K		F BUSINESS OR
	erwood			anby Road			Bookke					eping
	AL RESIDENCE (IF NURS		OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	ADMISSION)	A LO L IN CORP. CATALLINATES		-	710 600			855
	ryland	Mont	gomery	13c. CITY OR TOW	N	13d INSIDE CITY LIMITS? YES NO X	6108	Granb			woo	d Md.
4 F/	ATHER'S NAME			LAST		15. MOTHER'S MAIDEN NA	ME				-	
	Edwin		MIDDLE	Elwell		Elizabet	-h	WIDDLE		Fair	ban	
	VAS DECEASED EVER			16b. SOCIAL SECU	RITY NO.	17 INFORMANT	CII	ADDRES	S			
(YES, NO ORUNKNOWN)	(IF YES, GIV	E WAR OR DATES)	214-30-	3236	Willard Hopk	cins 31	.04 E.	Came			
	18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for (a), (b), and	d (c).1			4.5-17		BET	PPROXIA	MATE INTERVAL
	PART I. DEATH W	IMMEDIAT	E CAUSE (o) A	cute Cere	ebral	vascular acci	ident			2-3	ho	urs
			DUE TO, O	R AS A CONSEQUE	NCE OF							
	Conditions, if ony,	, which				riosclerosis			100	5-	-10	years
	gove rise to improve couse (a), statir		DUE TO O	R AS A CONSEQUE	NCE OF							
	underlying couse	lost	(c)_					9				
	PART 2 OTHER SIGN	NIFICANTO	ONDITIONS CO	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E OR COND	ITION GI	VEN IN PA	ART 110	
O N	COPD, Br	ronchi	al Asth	sma								
CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO	PSY?		ES, WERE F		GS USED OF DEATH?
TIE							YES 🗌	NOX		ES 🗍	10000	NO 🗆
CER	21a. ACCIDENT WAS UNI	Town	LUGUE A	FINJURY M. MONTH DA	V VEAD	21c. HOW INJURY OCCUR	RED (ENTERNA	TURE OF INJURY	IN ITEM IB	PART I OR PA	ART 2}	
AL	OR CONTRIBUTING		CITY .	M.	19	- O. C. 71						
WEDICAL	21d. INJURY OCCUR	RED	21e PLACE			211. LOCATION		CITY OR TOW	N	COUN	NTY	STATE
2	WHILE NOT WE AT WO	MILE C	(AI HOME SI	REET, FACTORY, OFFICE, F	AKM EIC]	J. Maria						
	22a.1 certify that (1)	(this hospi	tol) ottended th	e deceased from_			, toQc					that (I) (we) lost
	sow the deceas above, (I) (ye) (ed alive on	Oct. 2	9 19 8	37	nd that in (my) (our) opinion	deoth occurre	d on the dot	e ond ho	our and fra	m the c	ouses stated
	22b. SIGNATURE	diar (dia 110	M	RI	15	DEGREE	^		Bell.	226	DATES	SIGNED
	111	MI	1000	u.	D.	ATTENDING PHYSICIAN [MEDICAL	STAFF		De	ec.	28,1987
	22d. PHYSICIAN'S N.	AME (TYPE O	R PRINT)			22e. ADDRESS						
	Ruben C.	Cosca	a, M.D.			17529 Redlan	d Rd.,	Derwo	od,	Md.	2085	55
	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCA		- 7 + 2	COLINIV	N/I ~	mar I distrib
	Burial		12-29			of Faith		В	alti	more,	Ma	ryland
24. F	UNERAL DIRECTOR			7401	BelA	R Rd. 250. PAT	E RECED. BY R	EGISTRAR 2	Sb. REGIS	TRAR'S SI	GNAT	URE
1		lason	Hames			21236	-000	130/	rl	A Second Supple	-	

BALTO. MD. 21236

DHMH - 16 60M 7/B4 (VRA 15, 4)

assahu Fyneral Home

TO HOSPITAL OR

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumotic event, th

With the Store Depth 1 is marked or them 18 shows any IMPORTANT; If them 21 is marked or them 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages, Land 2 she with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT; If Hem 21 is morked or Hem 18 shows any injury, or other traumatic event, the medical

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with retained by the haspital or ottending physician.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

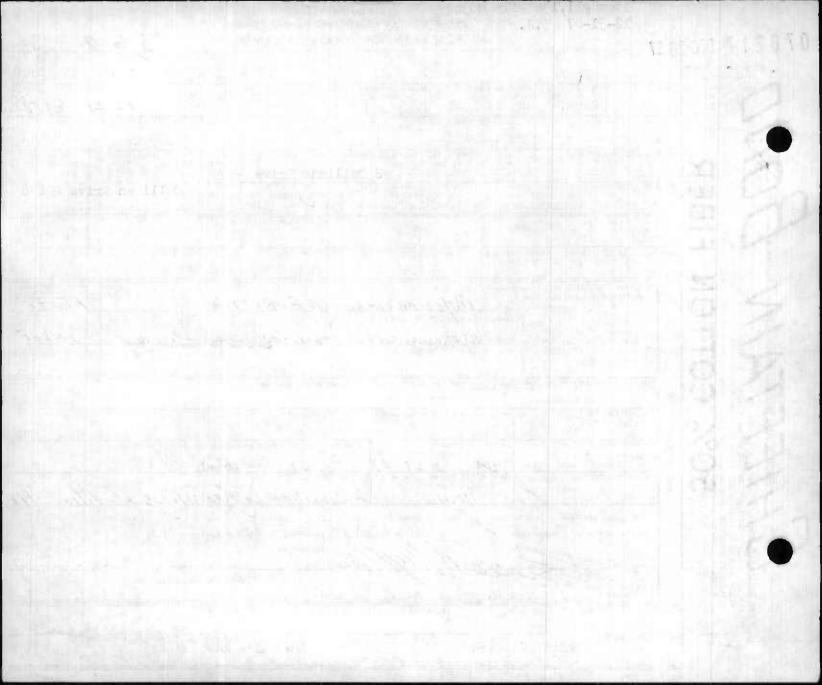
PEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
CE	RTIFICATI	OF	DEATH	

1	FOR 1 - STATE	D	EPARTMENT OF H	EALTH AND MENTAL	HYGIENE			50 49
ı	REGISTRAR		CERTIF	ICATE OF DEATH	8 060	, NO. 3	6 2	5 2
1	LOSSEASSO NAME FIRST	WIOOFE	ı	AST	20 DATE OF DEATI	MONTH D	AY YEAR	26 HOUR
ì	CARMI	EN M	HORSI	-ORD	12/23	187	MARKET STATE	0026 Am
ı	3 SEX	4. RACE	5. DATE C	F BIRTH	6 AGE (IN YEARS LAS		FUNDER I YEAR	IF UNDER 24 HRS
ı	F	R	MONTH	9 1912	75	YRS.	ONTHS DAYS	HOURS MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	UNTRY? 8.		- 19 BALTIMORE CIT		OF DEATH	
ı	West Indies	Pern.Residen		D NEVER MARRIED				440
	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL			12a USUAL OCCUP		12b. KIND OI	MD. F BUSINESS OR
	Takoma Park			t Hospital	(TYPE CIEFR	Benta Gi	Presty.	
1	USUAL RESIDENCE (IF NURSING HOME OF		OR TOWN	13d. INSIDE CITY LIMITS	5? 13989 79 75	eý ze fanc	h Road	10903
7	Unkriown	WIDDLE	LAST	Elizers	NAME	[€] K∈	enningt	on
1	160 WAS DECEASED EVER IN U.S. AR		AL SECURITY NO.	17 INFORMANT		DRESS		
	(YES, NOOR UNKNOWN) (IF YES, GI	N/A		Marion Mar	warren(Niec	e(Same a	as 13E	
١	18 CAUSE OF DEATH (Enter of	nly one cause per line for to). (billond (c).)		11 ~		APPROXIM	MATE INTERVAL
1	PART I. DEATH WAS CAUSE	ED BY:	dias!	arrhytt	inula:		92.112	361
1	IMMEDIA							
	Conditions, if any, which	DUE TO, OR AS A CO	INSECUENCE OF	LIA JA	surrale	ies		
	gave rise to immediate	(6)	3	man. of the	19			
	couse (a), stating the underlying cause last	DUE TO, OR AS A CO			4		9-19-1	
	PART 2. OTHER SIGNIFICANT	7		NOT PELATED TO THE	TERMINAL DISEASE OF C	ONDITION GIVE	N IN PART 1:0	
		Ald up	Pend	LN A	estral a	lars.		
ä	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	· 196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
	<u> </u>		6		YES TO NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?
-	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OC	CURRED (ENTER NATURE OF	3		1.0
1	OR COLUMNIA CALLES OF DE	ATH HOUR A.M. MON						
ı	OR CONTRIBUTING CAUSE OF DE CA	P.M. 71e PLACE OF INJURY	19	21f LOCATION				
		(AT HOME STREET, FACTORY	Y, OFFICE, FARM, ETC)	STREET	CITY C	RIOWN	COUNTY	STATE
	AT WORK AT WORK		12/0	2/27	17.1	22	07	
	17s.1 certify that (I) (this hosp saw the deceased alive or	1717718	/	, 19_	nion death occurred on th	a data and have	9 <u>-5</u> , t	hot (1) (we) last
	above, (f) (we) (did) (did no	at) view the bady after deat	h.		mon death occurred on th	e date and nour		
	MUDU OD C	7. Fodel	wer 7	DEGREE 7 ATTENDIN PHYSICIA	IG MEDICAL S	STAFF	22c. DATE S	SIGNED
-	224 PHYSICIAN'S NAME (1991)	DAMESTON /		22e ADDRESS	IN DIRECTOR PH	SICIAN		
	Misuelo	1 Korius	ull	33/ leuis	ersity Bl	1.5.5	Brins.	Marons
	23e. BURIAL, CRÉMATION, REMOVAI	23h DATE	23¢ NAME OF C	EMETERY OR CREMATO	DRY 23d LOCATION		9	1.0700
	(SPECIFY)	/			CITY OR TOW		COUNTY	STATE
	Cremation 24 FUNERAL DIRECTOR	12/24/87	Metropo	litan Crema	DATE REC'D. BY REGIST	AR 25 BEGISTA	HRE SIGNA	RE
	Hiffes/Rinaldi	11800 New Ham	B.Ave.S.S	.Md.	EC 28 1987	Julia D	R SIGN	AL ALAND

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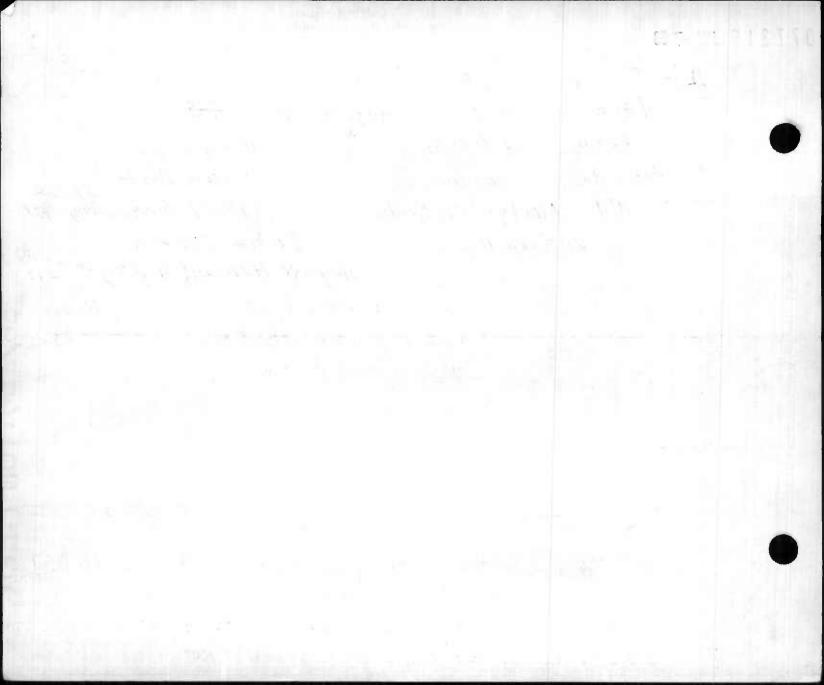
New Big Day

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	MAN TO SERVICE ME ME		ATHER'S NAME FIRST Patrick			MIDDLE		O'Lea	ast		15. MOTHER'S FIRST Mary			WIDDLE			LAST	
	FIER DI FORM FORM FORM	16a. \	WAS DECEASED	D EVER I	N U.S. ARM	NED FORCES		16b. SOC	IAL SECURI		Thomas		Samo	ADDRI				
	PAC PAC	=	no III. CAUSE O	E DEATH	t /Enter only	y one cause	nas lina (91	Thomas	nowe,	same	as #1		I AF	PPROXIMALE	INTERVAL
	¥ 5 8 7 8 4 3 3 4 3 4 3 4 4 4 4 4 4 4 4 4 4 4 4		PARTIDE	ATHWA	AS CAUSED	BY: E CAUSE (a)	1	4		141	INF	ARET	100)			BETV	A CU	AND DEATH
	W. PRESTON ST WITHIN 28 HC FENCIL INTERN MINER ALONG TRANDES PER INTAL HYGIENE OR REMOVAL			ns, if ar	ny, which	DUE	TOPR	AS A CON	SEQUENCE	OF (MARIYO	VACU	c sas	Dic			INI	bot
	XECUTED WITH VG" IN PRINCIL VG" IN PRINCIL VG" IN PRINCIP VG" IN VENTAL VG TON, OR PRINCIP VG TON, OR PRINCIP	1		stating !	the <u>under</u> -				SEQUENCE			,,g=0.		* 0.0				
	BIVISION OF VITAL RECORDS, 201 SCRITICATE SHOULD BE EXECUTED BITING THE WOOD "FENCING" IN P RDED TO THE CHIEF MEDICAL EXA RE 3 SHOULD BE USED SA WENRAL, E DEPARTMENT OF HEATH AND ME E DEPARTMENT OF HEATH AND ME OF THE CHEMATION,	Z	PART 2 OTHER SI	GNIFICANT	CONDITIONS	ONTRIBUTING T	O DEATH D	UT NOT RELAT	IED TO THE TER	MINAL DISEAS	E OR CONDITION GIV	VEN IN PART 1 to						
	AL RED AL CHEAL	CERTIFICATION	19a. DATE OF	OPERA	TION	19b. (CONDITI	ION FOR V	VHICH OPE	RATION W	AS PERFORME	D?				20 A	AUTOPSY?	
	ATE SHE CHANGE THE CHANGE THE CHANGE THE CHANGE TO BEILD BE UT WENT OF THE CHANGE TO BEILD BE UT TO BEILD BE UT TO BEILD	CERTIF	210 EXTERNA				IME OF		DAY YEA	21c. H	OW INJURY OC	CURRED (EN	TER NATURE OF	MJURY IN ITEM	18 PART I OR F		YES 🗆	иоХ]
	SION STATE	MEDICAL	CONTRIBUTION CONTR	NG CURR	AUSE OF D	EATH	W.M.	12 FINJURY	2/19/	5	CATION	IN	But		17-			
	MIS CEI WEITIN VARDE VACE 3 TATE DE 21201 P	WEI	WHILE AT WORK	NOT V AT W	WHILE D			PRY, FARM, ET.	C)		CULLIGIET	AN DA	BY A	THER	SBURC	OUNTY	1/00/1	11/8
	TO MEDICAL EXAMNER. EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORT TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SHALL MORE, MARYLAND,		220 certif			af the rema		ribed abay	1773e	Autop	sy , In	spection 🛭	, Inqui		and in my o	pinian		
	EXAM CERTIF JLD BI DIREC		ACTUAL		+	in cooses E	1		The	//	TITLE (SPEC		determined	monner _	_,			
	SHOW SHOW SHOW SHOW SHOW SHOW SHOW SHOW		SIGNATURE	2		de	100	HA	141	M	Deput	ty	SCONS			Dec	. 22,	1987
	A PER CALL		EXAMINER'S (TYPE OR PRIN	NAME	Fran	cis C	. Ma	yle,	M.D.		ADDRESS BE					14		
	524548	23a.B	URIAL, CREMA	TION, RE	MOVAL 23	b. DATE		23c. N	AME OF CE	METERY O	R CREMATORY	[23d	LOCATION		co	UNTY	STA	ATE
	7/84 BP		Burial					Nev	v Calv	ary (Cemetery		ightor	, Mass	achus	etts	1.00	
-	DHMH - 17 (VR A15 ME (5))	24. F	UNERAL DIRECT NAME O West	RO	ockvil	le, Pu	mphr	ey Fu	uneral	Home	250	DATE REC'D	1987	RAR 256 RE	EGISTRAR'S	SIGNAT	URE	
	(44 212 141 121)	20	U West	MOH	-gomer	y Ave	· KO	CKVI.	rre, r	ID 200	,50							

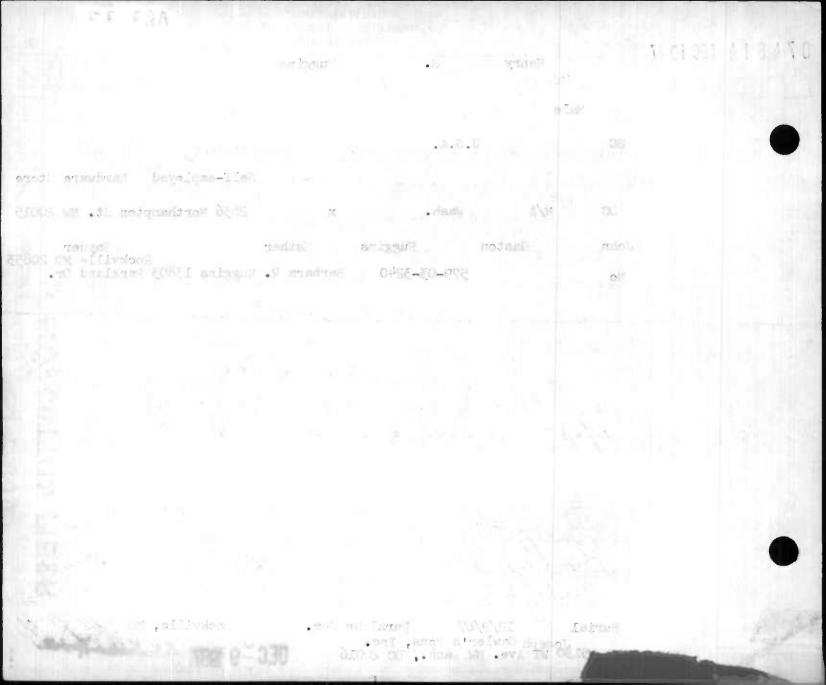


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JAN -7	99	STATE per fuenra REGISTRAR	1 home	CERTIFICATE OF DEATH		3 6 2 3 5
		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR
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	3. SE	VIS/E	HISPANIC	S. DATE OF BIRTH	AR 74 73	MONTHS DATS HOURS ME
ei.	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	V2 8	A BAITIMORE CITY O	R COUNTY OF DEATH
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7/	172	TY OR TOWN OF DEATH	LIE NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTIO	120 USUAL CCUPATE	ON 126. KIND OF BUSINESS (
2	JUSU.	ethescla AL RESIDENCE LIF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	FORE ADMISSION)	Voctors	4554 20852
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e l	14 F/	THER'S NAME	ing moon	15. MOTHER'S MAID	ENNAME	TEGGETING WAY THE
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_		VAS DECEASED EVER IN U.S. A		CURITY NO. 17 INFORMANT	ADDRE	Jackba) same
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÷ /		18. CAUSE OF DEATH (Enter o	only one couse per line for (o), (b), SED BY:	ond (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
even			ATE CAUSE (D)	respiratory a	rest	50 min
afic			DUE TO, OR AS A CONSEC	QUENCE OF	1 +	1-1.
100	-	Conditions, if ony, which	(b) acuto	myocardial u	Marclion	15 hrs
hert		couse (0), stating the underlying couse last	DUE TO, OR AS A CONSEC	The State of Alexander		
0 0			(c) Corma		ase	
jory.	20	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO TH	IE IERMINAL DISEASE OR CON	DITION GIVEN IN PART 110
any in	A M	19a DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
300	CERTIFICAT				YES NO	IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
8 5	W W	210. ACCIDENT WAS UNDERLYING			OCCURRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)
Fea	1 4	OR CONTRIBUTING CAUSE OF DI	CAIN	DAY YEAR		
ō	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OR TO	WN COUNTY STATE
orked	>	WHILE NOT WHILE AT WORK	(A. Home, States, Factors, Office	CE, FARM, ETC.		
S B		22a.1 certify that (I) (this hosp	ottended the deceased from		87 , to	-33 19 97, that (I) (we)
21		sow the deceased alive a above, (I) (we) (did) (did n	on $13-33$ 19 not) view the body ofter depth.	2 S / , and that in (my) (aur) o	prinion death occurred on the de	ote and hour and from the causes stated
# F		226. SIGNATURE	10.	DEGREE		22c. DATE SIGNED
16 E		Thomas I	· Syrderson.	MD ATTENE		IAN _ Id-d3-8/
MPORTANT: H		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	0	200
ğ		THOMAS G.	SINDERSON, M	D 111125 Ru	DEKULLE TIKE.	ROCKUILLE Md.
<u> </u>	23a I	BURIAL, CREMATION, REMOVA		31. NAME OF CEMETERY OR CREMA	ATORY 23d. LOCATION	
	F	Burial	12-28-87	Gate of Heaven	n Silver	Spring, Montg.
BI	24 FI	JNERAL DIRECTOR			250 DATE REC'D. BY REGISTRAR	
	G	POTGE R Snot	wden Rockvil	le. MD 20850	BEC 2.8 1097	Windson Fraday



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				3	FOR			DEPAR	TMENT OF H	EALTH AND MENTAL	HYGIENE	110	1	
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1/4	0	4 0	FC 10	87							Za. DATE OF	REG. NO.	DAY YEAR	Total Control
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	-	6.5	8 /		RTHPLACE (STATE OR	FOREIGN & 7	b. CITIZEN OF V	WHAT COUNTR	Y? 8.	NEVER MARRIED	9. BALTIMOR	E CITY OR COUN	ITY OF DEATH	
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	4	74	200	10. CI	TY OR TOWN OF DE	ATH 1				POHER INSTITUTION		CCUPATION		OF BUSINESS OR
5	- 6	£# (100	5	VEP SOP	ing	HOL	FACILITY, GIVE STR	SS	tospital	Self-e	for most of working mployed		re Store
212	2	5 0	ATE	usU/	AL RESIDENCE OF NUR	SING HO AE OR O	THER INSTITUTION,	GIVE RESIDENCE BEF					()	MICKE
9	28	19.00	1/	144. S	DC	N/A	Y	Wash.	NN	13d INSIDE CITY LIMITS			tan 64	NW 20015
3	ę.	2.2	10-	III EA	THER'S NAME	I WA		Morette		15. MOTHER'S MAIDEN	NAME	Mot ettanto	con St.	MM SOOTS
>	1	20	瞬の	PA PA	FIRST	M	IDDLE	LAST	BOW S	FIRST	INAME	MIDDLE.	TAR LA	AST
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Ö	-	000	7/	()	rÉS, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	579-03-	3240	Barbara 1	. Huggin	= 13803	Darkland	Dr.
É		6 F	. 1		No	1		779-07	-)_ 10	. Dar bara	V. Maggri	5 1,000		
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201	2	D de de	9	19	PART 2. OTHER SIG	NIEIC ANT CO	ON PRINTING CO	MITPIRLITING T	O DEATH BUT	NOT RELATED TO/THE T	EDANINAL DISEASE	OR CONDITION	GIVEN IN PART 1	10
,50	2.12	D 4 40	5.	z	TART Z. OTTIER SIG	1		1 /	O DEATH DOT	THE THE TYPE	/ /	/1 / 4	ONE CONTRACT I	
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RECORDS,	3	4 6 6	6	CERTIFICATION	140 DATE OF OPEN	HOM	M. CONDI	TION FOR WHI	CH OPERATIO	N WASPERFORMED	29m. AUTO	70b. IF	YES, WERE FINDS	S OF DEATH?
~	9 5	0 0 0	1	E	11/16	187	nec	protes	Destu	chlun	YES D	NO D	YES:	NO 🗆
F	Ξ ,ξ	100	5	W.	THE ACCEPTANTALLY	DEWLYING [7]	20 TIME	INJURY	,	21t HOW INJURY OC	CURRED INTERNAL	ute or augus in the	IE PART I GRPART 21	
>	AN	313	150		ов сонтивлена	CAUSE OF DEAT	HOUR K	M. MONTH	DAY YEAR	HI ISHI HAS				
0	25 6	96.	1	ŏ.	LIFETHER, HOTEY MED	ACCUPATION OF THE PARTY OF THE	P./	711	19					4
ō	H	112	0.7-	MEDICAL	714 INJURY OCCUR	RED	Zie PLACE (OF INJURY SET, FACTORY, OFFIC	T TARM VICT	TH. LOCATION		CITY OF TOWN	county	MATE
DIVISION OF	C) to	1 F 0	33	5	AT WORK AT W	mut []	1 - Company	and the same of the same	at constant	2.3				
۵	Z	\$ 0.5	0	94	22a. certify that (all attended A	deceased from	111	16 108	7 10	10/5	10.5	, that (I) (we) lost
	Z	8 3 g		10.1	saw the decea		19/4	deceased from	C- /	nd that in (my) (our) opin	sian death assures	and the date and	have and from the	
	Spit	5 0 B	E4		abave, (I) (we)	did) (did not)	view the pody	ofter deoth.	-		non deom occorrec	on me date and t	noor ond from the	e couses stated
	OR o	SYP	1		226 SIGNATURE	1	/ //	2	1	DEGREE			27c DATE	E SIGNED
	the f	7 5 5	*		K	Lelli	1/8	mel	1290	ATTENDIN PHYSICIA	MEDICAL DIRECTOR	STAFF PHYSICIAN	13	667
	by by	ERA Sto	3	1	224. PHYSICIAN S.N.	AME TTYPE OR	PRINII	, , ,	- 1-	22e ADDRESS	IN DIRECTORY	_ //// siciki+[_]	1	70
	od S	S P +	180		0	111	1,0	11		- 10	451	1/115	100.1	holyada DI
	O HO	Share Total			130	adles	N Bei	nell		1019 19	一 ノナ、 /	1. W. Ju	MC SOUL	Eshington DC
11	7 20	E 43	S many		SURIAL, CREMATION	REMOVAL	23b. DATE	23	C NAME OF C	EMETERY OR CREMATO	RY 23d LOCA	ION		
14	CRP	40	14		Buria		12/9/	87	Parkla	wn Cem.	Roc	kville,	MD COUNTY	STATE
71	1	6 6		24 FI	INERAL DIRECTOR				, Inc.		DATE REC'D, BY RE			TURE, 66
6		16 50M 1 RA 15, 4)			57	30 WI	AVA M	Wash RES	DC 50		EC OM	57	Durgin	DISTRACTION
	(0	(A 10, 4)				T. H.T.	WARE TAI	A Merentre	של בל	070	LU - 3 H	0/4		



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MPORTANT: If Hem 21 is

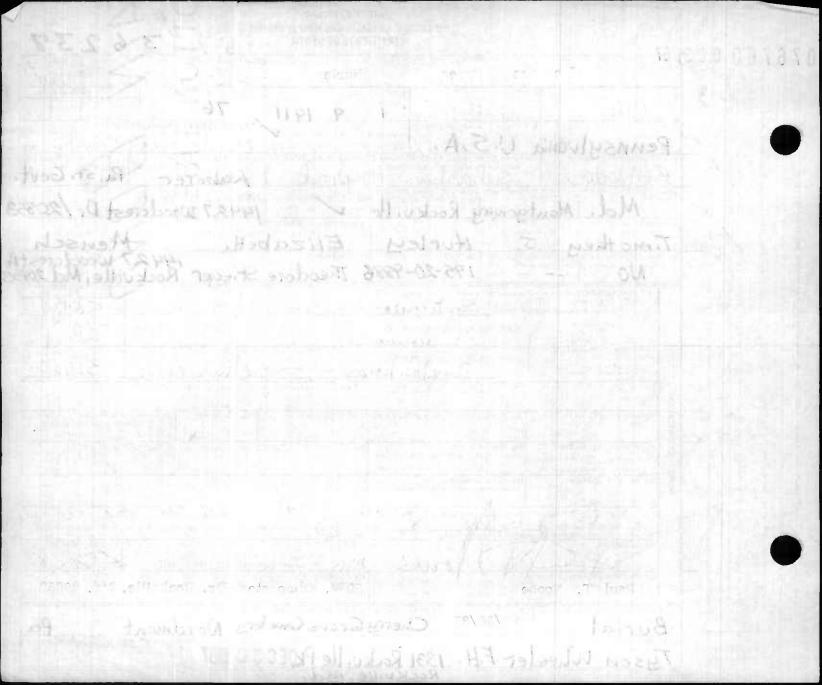
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DHMH - 16 60M 7/84 (VRA 15, 4)

	FOR		DEPARTI	STATE OF MAR		IENE: -	A.		
0.	STATE		22. 41.1	CERTIFICATE O		The state of the s	NO. 3	62	37
	CEASED NAME OR PRINT)	Theodore	Joseph	Hur	ley	20 DATE OF DEATH	5-87	YEAR 26	HOUR PM
3. SE	Malo	4 RACE	Ihite -	5. DATE OF BIRTH		6. AGE (IN YEARS LAS	T BIRTHDAY)		DURS MIN.
	RTHPLACE (STATE C	DR FOREIGN 76 CITI	ZEN OF WHAT COUNTRY?	-		BALTIMORE CIT	TRU	OF DEATH	
P	ennsy	Ivania (J.S.A.	WIDOWED	DIVORCED [Monto	Jones	1 Count	Y MD.
3	sethesdo	(18.6)	ME OF HOSPITAL, NURSIN FOT IN SUCH FACILITY, GIVE STREET	N HOCP	tal	TYPE OF WORK FOR MO		126. KIND OF BU	Govt.
	AL RESIDENCE (IF NO STATE	13h COUNTY Montac	STITUTION GIVE RESIDENCE BEFORE 132. CITY OR TOW	VI C YES D	NO [13e STREET ADDRES	SS / ZIP CODE	est Pr	120853
14 FA	THER'S NAME	MIDDLE	LAST	15. MOTH	FIRST	IDDIM 4	Ε	LAST LAST	-1
	VAS DECEASED EVE			JRITÝ NO. 17. INFO		bette AD	DRESUU 2	7 Was	Icrest A
\$ - {	ES. NO WHICHOWN	(IF YES, GIVE WAR OR	195-20	-9886 TU	ieodore	Steicer	Rock	ville, N	d 20953
		WAS CAUSED BY	ouse per line for (o) (b), on	id (c).)				BETWEEN OF A	T AND DEATH
		IMMEDIATE CAUS	E TO, OR AS TO INSEQUE	ENCE OF				50	4
	Conditions, if or gove rise to i	ny, which	m Tures	nico				200	4
	couse (a), sto underlying cou		ETO, OR AS A CONSTRU	the hours	-	uelmi	entre	311	Mes
NOI	PART 2 OTHER SI	GNIFICANT CONDIT	IONS CONTRIBUTING	BUT NOT RELA	TED TO THE TERM	NAL DISEASE OR C	ONDITION GIVE	N IN PART 110	
CERTIFICATION	190 DATE OF OPER	RATION 19b	CONDITION FOR WHICH	OPERATION WAS PE	RFORMED	YES NO	IN CERTIFY	WERE FINDINGS TING CAUSES OF	USED DEATH?
AL CER	OR CONTRIBUTING	CAUSE OF DEATH	TIME OF INJURY OUR A.M. MONTH D. P.M.	AY YEAR	W INJURY OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM 18 PA	RT : OR PART 2)	
MEDICAL	21d INJURY OCCU	JRRED 21e.	PLACE OF INJURY HOME, STREET, FACTORY, OFFICE, 1	211 LOC	ATION	CITYO	OR TOWN	COUNTY	STATE
	17n.1 cessify that naw the dece- above, (II) we	med alive and 2	inded to deceased from	a) Tele	my) our) opinion o	to 25	e dote and hour	ond from the cour	(I) (we) lost
	THE SIGNATURE	- W	he body offer death.	DEGREE 7 M.K.	ATTENDING PHYSICIAN	MEDICAL S	STAFF	27c DATE SIG	NED X
		r. Noone	1 / 10 100	50 W	RESS /	ston Dr.		e, Md. 20	0852
230 E	SURIAL, CREMATION	N, REMOVAL 236. D	2/30/87 23c 1	herry Gr	OR CREMATORY	123d. LOCATION	rclmon	OUNTY	pa.

T. Noone Paul 230 BURIAL, CREMATION, REMOVAL 12/30/87 Cherry 6 rove Cemetery Come tory Norchmont

130 DATE REC'D. BY REGISTRAR 135 REGISTRAR'S SIGNATURE. ROCKVIlle Md.



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DHMH - 16 60M 7/B4 (VRA 15, 4)

5	TA	TE	OF	M	ARYL	AND	
PARELLY	OF.	882			WHITE		201

1070	FOR STATE DEPARTMENT OF	HEALTH AND MENTAL HYGIENE	- A 279 /
4 8.7 6 DEC 1	87 REGISTRAR CERT	IFICATE OF DEATH	3 REG. NO. 3 6 2 5 8
	DECEMBED 11 11 I	LAST 20 DAT	E OF DEATH MONTH DAY YEAR 26 HOUR
ay be age 3 death	(1YPE OR PRINT) EIVE Parsons	Heatt	12 08 87 025
pod pod	I. SEX 4. RACE 5. DATI	OF BIRTH 6 AGE	[IN YEARS LAST BIRTHDAY] IF UNDER 1 YEAR IF UNDER 24 H
ctor.	female caucasian Jar		73 YRS DAYS HOURS A
Pag dire	BIRTHPLACE (STATE OR FOREIGN 7% CITIZEN OF WHAT COUNTRY?	_ 9 BAITI	IMORE CITY OR COUNTY OF DEATH
oth.	Pennsylvania United States MARR	NED NEVER MARRIED MON	tgomery County
1 11	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOM		
1 12	Rockville Shady Grove Ha	reulist losp Med	JALOCCURATION WARK FOR WARFORKING LIFE) INDUSTRY HOSPITAL
5 2 4	SUAL RESIDENCE (IF NUR INC. III HE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO	٠	
2 雅香	Maryland Baltimore		EET ADDRESS / ZIP CODE O Benson Av., 21227
1	FATHER'S NAME	15. MOTHER'S MAIDEN NAME	O Benson Av., 21227
1 10 61	George Parsons	Dorothy	Drain
19 1	60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO		
1 4 6 4	(YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		13407 Country Ridge Dr.
1	no 030 07 0965	Marsna H. Deweese	Germantown, Md. 20874
1818	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
101 1911	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPU	alany much	i very -
1 3 195 %			
e d t e d t	DUE TO, OR AS A CONSEQUENCE OF	weed engel	lystere
he death he atte emave m mation r traumin	gave rise to immediate	-	0
by the second of	underlying cause lost		
es that the best of please repried, cre	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	IT NIGHT BELATED TO THE TERMINIAL DIS	EASE OF CONDITION CIVEN IN PAPT 1
	3 Cauer of 1	he lung	EASE ON CONDITION GIVEN BY FAKE FO
rien ny ir	4 198 DATE OF OPERATION 196 CONDITION OR WHICH OPERAT		AUTOPSY? 206 IF YES, WERE FINDINGS USED
n. n	E C		IN CERTIFYING CAUSES OF DEATH?
The part of the pa	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY	YES [PR NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
Phys Phys	OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEA	R THE TOWN INSIGN OCCURRED TENIE	SK MATURE OF INSURT IN TERM TO FART TO A FART 29
SIC cent cent cent lent lent lent lent lent lent lent l	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M.		
NG PHYSICIAN: The low requir catering physician. After this certificate has been signs the buriol-transit permit. Then the and Amerial Hygene prior to be acked at Item 18 shows any injury	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. INJURY OCCURRED IATHOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN COUNTY STATE
A of the r	WHILE NOT WHILE AT WORK	2 1	12.
Af or Af or Manager	220.1 certify that (1) (this haspital) trended the deceased from	KU 1 19 1 10-	19 1, that (I) (we)
T H C S I I I I I I I I I I I I I I I I I I	sow the deceased alive on	and that in (my) (our) opinion death acc	curred on the date and hour and from the causes stated

226. SIGNATURE

DEGREE ATTENDING PHYSICIAN DIRECTOR [STAFF 22L DATE SIGNS

Md. 20854 Rockville.

230 BURIAL, CREMATION, REMOVAL Burial 236. DATE Dec.11,1987

23c NAME OF CEMETERY OR CREMATORY Whitemarsh Memorial

23d LOCATION
CITY OF TOWN
Ambler

Pumphrey Funeral Home, Rockwille, Inc. 300 W. Montgomery Av., Rockville, Md.

10 11 300 3 5 1 1977 110 3 The CLEI HALL 1451 165 1650 050 1 1 BM (western to be to

STATE OF MARYLAND

DEP	ARTMENT	OF	HEAL	TH	AND	MENT	AL	HYGIEN	١
	CE	RTI	FICA	TE	OF	DEAT	H		

	STATE REGISTRAR				CERTIF	ICATE OF DEATH		8 REG.N		5	2 3	
	CEASED NAME OR PRINT)	HELE		S.		EDLE		CEMB	ER	3/ 198	7 6's	UR 55
3. SEX			RACE	0.	5. DATE C		6. AGE	(IN YEARS LAST BIR	THDAY)	IFUNDER I YE	AR IF UNDE	R 24
ਸ	remale		White		Aug	0 2000		82	YRS	MONTHS DAT	HOURS	
	RTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUN				TIMORE CITY O	_	Y OF DEATH		-
	OUNTRY		II C	A	MARRIE							
	YOR TOWN OF DEA	ATH 1	U.S.	HOSPITAL NI	JRSING HOME C	DIVORCED OR OTHER INSTITUTION		ontgome			OF BUSIN	JESS
			(IF NOT IN SUC	H FACILITY, GIVE	STREET ADDRESS)		(TYPE C	F WORK FOR MOST C	F WORKING L	#E) INDUSTR	RY	
	LITHERS DUR		HADY G	ROVE I	POVENTIST	NUISING CENT	EK H	omemake	r	Ho	me	_
13a S		136 COUNT		13c CITY OR		136 INSIDE CITY LIMITS		REET ADDRESS				
	aryland	Mont	gomery	Gaith	ersburg	YES NO		00 Walk	ers C	hoice :	Rd./2	07
14. FA	THER'S NAME	MI	DDLE	LAST	T	15. MOTHER'S MAIDEN	NAME	MIDDLE			LAST	
0	Roland	R		Singer		Emma	I Fig.	A.		Bush		
	VAS DECEASED EVER		ED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMANT		ADD	17 Go	ldsbor	ough	Dr
(4	No.	None	THE OR DATES?	264-5	50-3475B	Dunning Id	le TV				_	
No None 264-50-3475B Dunning Idle IV (Son) Rockvill 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and (c))										BETWEE	OXIMATE INTE	RVA D DE
	PART I. DEATH W	AS CAUSED	BY:	Aspic		nenmenia					US -	
NO		NIFICANT CO		ONTRIBUTING	O TO DEATH BUT	NOT RELATED TO THE T Heart Failure	TERMINAL D	ISEASE OR CON		IVEN IN PART	1(a	
CERTIFICATION	190 DATE OF OPERA		196 CONDI	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a	AUTOPSY?	20b. IF YE	ES, WERE FINI		ATH?
ERT	71a ACCIDENT WAS UN	DERLYING T	21b. TIME O	F INJURY		21c. HOW INJURY OCC						
	OR CONTRIBUTING	CAUSE OF DEATH	110110 4	M. MONTH	DAY YEAR		, connec	VIEW NATIONS OF MAJO				
MEDICAL	21d INJURY OCCUR	HILE [21e PLACE		FFICE, FARM ETC')	211 LOCATION STREET		CITY OR TO	NWN	COUNTY		STAT
	22a I certify that (I) sow the deceas abave, (I) (we)	ed olive on_	17	2/29	19_17, 0	nd that in (my) (out) opin		ccurred on the d				tate
	22b. SIGNATURE	By10. (Johnson	/ - 10			NG MED	CTOR PHYSIC	FF CIAN []		TE SIGNED	1
	137. 4	D. JOH	MOSM			911 N. Russ			hersbu	arg, md	. 208	79
	SURIAL, CREMATION, SPECIFY) Crematio		23b. DATE Jan/2/	/88		EMETERY OR CREMATO	J	COCATION CITY OR TOWN Liverdal	e, P.	G. CO.	Mar	STAT
	INERAL DIRECTOR							D. BY REGISTRAR				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove carbin with the State Dept. of Health and Mental Hygene prior to burial, cremation, arrest IMPORTANT: If Hem 21 is marked or Hem 18 flows on injury, or other transmitter.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death seretained by the hospital or attending physician.

FOR

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0 4 9 DEC 2	la i	TOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 PEG NO	·	0 2	4	0
ay be	(TYPI	CEASED NAME OR PRINT)	riest nsf	-ance	WIDDLE R	700	ikson			3 87		20 _m
ge 4 mg ector. p irs ofter	3. SE	Female		1. RACE	vc.	June		63	YRS	UNDER I YEAR	HOURS	MIN.
nerol dir 772 hou]	RIHPLACE (STATEORF Massachuse	tts	U.S		WIDOWE		9 BALTIMORE CITY O Montgoi		OF DEATH		MD.
by the to		Rockville		Shand	L GOOR	WEA.	MAST TOPID	IZO USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF HOUSEV		126 KIND O INDUSTRY Hon	e Busini ne	SSOR
filled in horld be	130	AL RESIDENCE (# NURS STATE Laryland	Mont	gomery	Give RESIDENCE BEFORE 134 CITY OR TOW Gaithers	burg		13e STREET ADDRESS / 40 W. Dee	zip code erpark	Dr. #1	01	2087
d completely es Frad 2 si ical xampe		ATHER'S NAME FIRST Edwar	d	MIDDLE W.	Round		Eunice	MIDDLE		perhare	dt	
n and co	160 \	VAS DECEASED EVER	IN U.S. AR	MED FORCES? E WAR OR OATES)	579-24-		Katherine Irvi	ethesda, Avidence (sister) 60				
physicio onpopers emovol.	18 CAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY				line for ioj (bi, on	fate	Brest 1	Chreen		BETWEEN (MATE INTER	VAL DEATH
quires that the death c signed by the attending hen please remove cor to burial, cremation, or jury, or other traumoti	NO	Conditions, if any, gove rise to imm couse (o), statin underlying couse	nediate ig the lost.	DUE TO, OF	R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	inal disease or con	DITION GIVE	N IN PART 110		
n. nos been permit. T me prior t	CERTIFICATION	19a DATE OF OPERA	ПОП	19b. CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO		WERE FINDIN		H?
PHYSICIAN: The rending physicial transfered in the buriol-transit and Mental Hygie ed or frem 18 sho	MEDICAL CER	21g. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	HOUR A./	M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR	ED (ENTER NATURE OF INJUI	RY IN ITEM IB PAR	IT T OR PART 2)		
offer this os the built and M	MED	21d INJURY OCCUR		21e PLACE (OF INJURY REET FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	5	TATE
TAL OR ATTENDING by the hospital or off RAL DIRECTOR, After detoched for use as to tote Dept. of Health or NI: if them 21 is marken		22a.1 certify that (1) Hw the decease above, (1) (30.1)?					d that in (my)*the opinion of DEGREE ATTENDING PHYSICIAN IN	mEDICAL STAL	ote and hour	ond from the	couses st	
TO HOSPITA TO FUNERA should be do with the Sto		Stephen					19261 Montgor		2.0	0879	burg	, Md.
D	23o	BURIAL, CREMATION,	REMOVAL	23b. DATE 12/1			emetery or crematory	23d LOCATION	Iria. V	irvinia		TATE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DEC 23

1331 Rockville Pike, Rockville, Md. 20852

DHMH - 16 60M 7/B4 (VRA 15, 4)

A march of the same of cerez ell'once elles que la company de l'inserte The second of th Mark The Co - 12 martin 11 20 ut isoter transfer in Earth 2 - 2010 List 145 --المساورة في المساور المربوب المساورة TRANSPORT AND SET THE RESERVE AND A SET OF THE SET OF T

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equires that the death certificate be executed within 24 hours ofter death. Page 4 may be $_{
m CJ}$

STATE	OF	MARYL	AND
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1.	FOR STATE REGISTRAR			DEPARTM		EALTH AND ME		ENE SEG. N	o. 🗳	5 2	4 1
	CEASED NAME	FIRST		WIDDLE	-	OBG		20 DATE OF DEATH	MONTH DAT		26 HOUR
3. SE			RACE		5. DATE C			6. AGE LIN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
	EMALE		CAUCAS	TAN	MONTH 8		YE ÂR9	68	YRS	NIHS DATS	HOURS MIN.
70 BI	RTHPLACE (STATE OR	OREIGN		WHAT COUNTRY?	B			BALTIMORE CITY		FDEATH	
	NEW YOR	RK	U.S.A		WIDOWE	D NEVER MAI	RCED	MONTGOME	RY		MD.
10 C	ITY OR TOWN OF DEA			HOSPITAL, NURSIN	G HOME C	The same of the sa		12a USUAL OCCUPAT		126 KIND C	OF BUSINESS OR
U	WHEATON			LITTLETON				HOMEMAKE!	3	HOM	<u> </u>
13a. S	AL RESIDENCE (IF NURS STATE ARYLAND	136 COUN	GOMERY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN WHEATON	ADMISSION)	136. INSIDE CITY	LIMITS?	13e STREET ADDRESS	ZIP CODE	ST.	(20906)
14. FA	ATHER'S NAME LOUIS	A	AIDDLE	STÄRKOF	F	IS MOTHER'S M	ZZA	E		RABŤÍ	NOWITZ
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECUI		17 INFORMANT	HUSB, H. JA		WHEATO 3 LITTL	N, MD ETON:	20906 ST.
Y	18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and 10.11 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) Enlane tral Corcinan								-	ONSET AND DEATH	
NO	Conditions, if ony gove rise to improve couse (o), stotic underlying couse	nediate ig the last.	(ic)	R AS A CONSEQUE		NOT RELATED TO	THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	N IN PART 1	0
CERTIFICATION	19a DATE OF OPERA	TION	196 COND	TION FOR WHICH	OPERATIO	RATION WAS PERFORMED 200 AUTOPSY? 200. IF			20b. IF YES, V IN CERTIFY! YES	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO	
	210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEAT	in .	M. MONTH DA	Y YEAR	21c HOW INJU	RY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM IS PAR	T I OR PART 2)	
MEDICAL	21d INJURY OCCUR	THE C		REET, FACTORY OFFICE, FA		211 LOCATION STREET		CITY OR TO	NW	COUNTY	STATE
	220.1 certify that (I) sow the decease above, (I) (week	(this hospit ed alive an did (did not	ol) offended the	e deceosed from			19 <u>83</u> opinion de	eoth occurred on the d			
	126 SIGNATURE	16	-at	160		PH'	ENDING YSICIAN	MEDICAL STA		12/2	SIGNED 2687
	Michael L	- Incola	4.5	M S	5	22e ADDRESS /03/3	beon	on Are. J	TherSp	ong A	1/ 20982
	BURIAL, CREMATION, (SPECIFY) BURIAL	REMOVAL	12/28/		ING D	EMETERY OR CRE	GDN	230 LOCATION CITY OF TOWN FALLS	CHURCH	COUNTY	VIRGINIA
24 F	1170 ROCK				AL C	HAPELS 20852		REC'D. BY REGISTRAN	256 REGISTR	AR'S, SIGNA	TURE

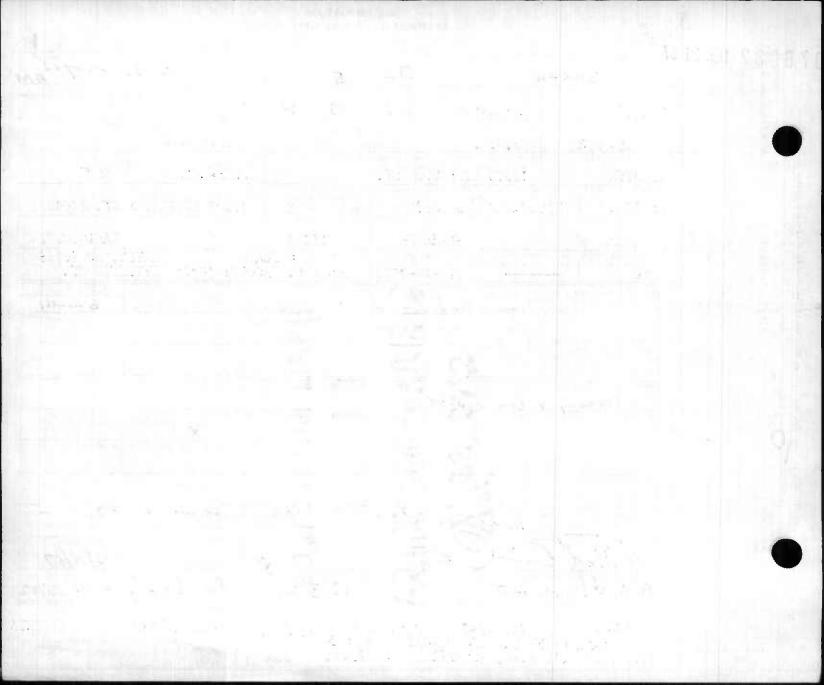
DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and should be detacked for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physicion IMPORTANT: If them 21 is marked or them 1B shows any injury, or other traumatic event,

(VRA 15, 4)



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al director, page 3

STATE	OF	MARYLAND	
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1	FOR STATE			DEPART		EALTH AND MEN		ENE					
7	REGISTRAR				CERTIF	ICATE OF DEA	TH	8	BEG. NO). vĴ	6 2	4 2	
	CEASED NAME	FIRST	٨	MIDDLE	· ·	AST		20 DATE O	FDEATH	MONTH	DAY YEAR	2b HOUR	
		rold		L.	· ·	Jenkins			ember		1987	8:00PMM	
3 SE	X	4	I. RACE		5. DATE C		YEAR	6. AGE (IN	YEARS LAST BIRT	HDAY)	MONTHS DATE	R IF UNDER 24 HRS HOURS MIN.	
	Male		Cauca		_	February 13, 1909			78 YRS.				
100	RTHPLACE (STATE OR F		6 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MAR	RIED 🗆	9 BALTIMO	RE CITY O	COUNT	Y OF DEATH		
	rth Dakota		United		WIDOWED DIVORCED DIVORCED DIVORCED			Montgomery County, MD. 170 USUAL OCCUPATION 170 KIND OF BUSINESS OR					
10.0		,		HEACILITY, GIVE STREET		OTHER INSTITU	IION		Chie		IFE) INDUSTRY	OF BUSINESS OR	
USU	Rockville AL RESIDENCE (IF NURS					Nursing	Home		rmati		Conse	rvation Se	
130 5	STATE	136 COUNT	TY	13c. CITY OR TOW	VN .	13d. INSIDE CITY	_	100000	ADDRESS /				
	aryland	Monto	Jomery	Chevy Ch	nase	YES NOTHER'S MA	IDENI NIAA		Chevy	Cha	se Dr./	20815	
	FIRST		IDDLE	ŁAST		FIRST	IDEIA IAAN	16	MIDDLE		t,	AS1	
	ldridge WAS DECEASED EVER		der	Jenkir	_	Vess:	<u>ie</u>		B.	22	Wi	lson	
	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)						1-12	Keme	ys Cove		
_	Yes	WWI		217 44 (Richard	W. M	urray	Scar	boro	ugh, N.	Y 10510	
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only AS CAUSED	one couse per BY:								BETWEEN	NONSET AND DEATH	
		IMMEDIATE	CAUSE (a)	Congesti	rve_He	art Fail	ire				5 m	onths	
				R AS A CONSEOU		100					1 7/6		
1	Conditions, if any, gave rise to imm	nediate	(b)	Arterios	sclero	tic Hear	Dis	ease	-		10	10 years	
	cause (a), statin underlying cause		DUE TO, OF	R AS A CONSEOU							-		
	PART 2 OTHER SIGN	IIEIC ANT CO	(c)	Chronic			THE TERM	NIAL DISEAS	E OR CONI	VITIONIC		onths	
Z	TAKT 2 OTTEK SIGI	VIII CAIVI CC	MOINOINS <u>CC</u>	NALKINO LING TO	DEAIN BOT	NOT KELATED TO	INE TERM	INAL DISEAS	L OK COIVE	MIONG	IAEIA IIA LYKI I		
CERTIFICATION	190 DATE OF OPERA												
TIFIC		TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORME	D	20a AUTO	OPSY?		S, WERE FIND		
000		ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTO		IN CERT	ES, WERE FIND IFYING CAUSE 'ES		
U	21a, ACCIDENT WAS UNE	DERLYING	21b. TIME O	F INJURY		N WAS PERFORME		YES 🗌	NOV	IN CERT	IFYING CAUSE ES 🗌	S OF DEATH?	
	OR CONTRIBUTING	DERLYING CAUSE OF DEATH	21b. TIME O	FINJURY M. MONTH D	AY YEAR			YES 🗌	NOV	IN CERT	IFYING CAUSE ES 🗌	S OF DEATH?	
	_	DERLYING DEATH	21b. TIME O HOUR A.I P./	F INJURY M. MONTH D M. OF INJURY	PAY YEAR	21c. HOW INJUR		YES 🗌	NO TO	IN CERT	IFYING CAUSE ES	S OF DEATH? NO [
MEDICAL CE	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	DERLYING CAUSE OF DEATH CALEXAMINER) RED	21b. TIME O HOUR A.I P./	FINJURY M. MONTH D M.	PAY YEAR	21c. HOW INJUR		YES 🗌	NOV	IN CERT	IFYING CAUSE ES 🗌	S OF DEATH?	
	OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL PROPERTY OF THE CONTRIBUTION OF THE CONTRIB	DERLYING CAUSE OF DEATH CALEXAMINER) RED HILE CARREST	21b. TIME O HOUR A.I P./ 21e PLACE ((AT HOME, STR	F INJURY M. MONTH D M. OF INJURY OEEI, FACTORY, OFFICE,	PAY YEAR 19 FARM, ETC.)	21c HOW INJUR 211 LOCATION STREET	Y OCCURR	YES	NO TO ATURE OF INJUR	Y IN ITEM 18	IFYING CAUSE (ES DEPART 1 OR PART 2) COUNTY	S OF DEATH? NO STATE	
	OR CONTRIBUTING (IFEITHER, NOTIFY MEDII 21d. INJURY OCCURP WHILE NOT WE AT WORK AT WO 22e. Certify that (I)	DERLYING CAUSE OF DEATH CALEXAMINER) RED INE CALEXAMINER (this hospite	21b. TIME O HOUR A.I P.I 21e PLACE ((AT HOME, STR	F INJURY M. MONTH D M. OF INJURY REEL, FACTORY, OFFICE.	PAY YEAR 19 FARM, ETC.)	216. HOW INJUR	Y OCCURR	YES	NO TO ATURE OF INJUR	Y IN ITEM 18	IFYING CAUSE (ES DEPART 1 OR PART 2) COUNTY	S OF DEATH? NO STATE	
	OR CONTRIBUTING (IF EITHER, NOTIFY MEDII 21d. INJURY OCCURP WHILE NOT WHAT WORK AT WORK	DERLYING CAUSE OF DEATH CALEXAMINER) RED INE CALEXAMINER (this hospite	21b. TIME O HOUR A.I P.I 21e PLACE ((AT HOME, STR	F INJURY M. MONTH D M. OF INJURY REEL, FACTORY, OFFICE.	PAY YEAR 19 FARM, ETC 1 1/18/ 87, or	21c. HOW INJUR 21f LOCATION STREET /85 1 d that in (my) (our	Y OCCURR 9) opinion d	YES DED (ENTER N. 10 12, leoth occurre	ATURE OF INJUR	Y IN ITEM 18	IFYING CAUSE ES PART I OR PART ?) COUNTY J 19 87 For ond from the second county and county are second county and county are second cou	S OF DEATH? NO	
	OR CONTRIBUTING OF CHEEN NOTIFY MEDIC 176. IN JURY OCCUR! WHIE NOT WHAT WORK AT WORK AT WORK AS WORK ODDONE, (1) (we) (5) (1) (we) (5) (1) (we) (5)	DERLYING CAUSE OF DEATH CALEXAMINER) RED INE CALEXAMINER (this hospite	21b. TIME O HOUR A.I P.I 21e PLACE ((AT HOME, STR	F INJURY M. MONTH D M. OF INJURY REEL, FACTORY, OFFICE.	PAY YEAR 19 FARM, ETC 1 1/18/ 87, or	216 HOW INJUR 216 LOCATION STREET /85 . 1 ad that in (my) (our DEGREE	Y OCCURR 9	YES	NO LATURE OF INJUR CITY OR TOV	Y IN ITEM 18	IFYING CAUSE ES PART I OR PART ?) COUNTY J 19 87 For ond from the second county and county are second county and county are second cou	state that (I) (we) lost e couses stated E SIGNED eember 21,	
	OR CONTRIBUTING OF CHEEN NOTIFY MEDIC 176. IN JURY OCCUR! WHIE NOT WHAT WORK AT WORK AT WORK AS WORK ODDONE, (1) (we) (5) (1) (we) (5) (1) (we) (5)	DERLYING CALEXAMINER) TAUSE OF DEATH CALEXAMINER) THE CALEXAMINER THE C	21b. TIME O HOUR AJ PJ 21e PLACE (IAT HOME. SIR 12/10 view the body	F INJURY M. MONTH D M. OF INJURY REEL, FACTORY, OFFICE.	PAY YEAR 19 FARM, ETC 1 1/18/ 87, or	216 HOW INJUR 216 LOCATION STREET /85 . 1 ad that in (my) (our DEGREE	Y OCCURR 9	YES DED (ENTER N. 10 12, leath occurre	NO LATURE OF INJUR CITY OR TOV	Y IN ITEM 18	IFYING CAUSE ES PART I OR PART ?) COUNTY J 19 87 For ond from the second county and county are second county and county are second cou	S OF DEATH? NO	
	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 71d. INJURY OCCUR! WHIE NOT WHAT WORK NOT WHAT WORK NOT WHAT WORK 220. I certify that (1) sow the decease obove, (1) (we) (c 22b. SIGNATURE 22d. PHYSICIAN'S NA	DERLYING CAUSE OF DEATH CALEXAMINER) RED HILE CHAIR RK (this hospital did (did not) AME (TYPE OR	21b. TIME O HOUR AJ PJ 21e PLACE (IAT HOME. SIR 12/10 view the body	FINJURY M. MONTH D M. OF INJURY REEL, FACTORY, OFFICE. deceased from ofter death.	PAY YEAR 19 FARM, ETC 1 1/18/ 87, or	21c. HOW INJUR 21f LOCATION STREET /85, 1 ad that in (my) (our DEGREE ATTE PHY:	9	YES DED (ENTER N. 10 12, leath occurred MEDICAL DIRECTOR	CITY OR TOV	IN CERT	PART LORPART 2) COUNTY , 19 87 iur and from th 22c DAT Dec	state that (I) (we) lost e couses stated E SIGNED eember 21,	
WEDICAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 71d. INJURY OCCUR! WHIE NOT WHAT WORK NOT WHAT WORK NOT WHAT WORK 220. I certify that (1) sow the decease obove, (1) (we) (c 22b. SIGNATURE 22d. PHYSICIAN'S NA	DERLYING CAUSE OF DEATH CALEXAMINER) RED HILE CHAIR RK (this hospital RK did lodd not) AME (TYPE OR MOTEL	21b TIME O HOUR AJ 21c PLACE ((AT HOME. STR 12/10 view the body	FINJURY M. MONTH D M. OF INJURY EET, FACTORY, OFFICE. e deceased from ofter death.	19 YEAR 19 FARM, ETC) 1/18, 87, or	21c. HOW INJUR 21f LOCATION STREET /85 10d that in (my) (our DEGREE ATTE PHY: 12e. ADDRESS	9	YES DED (ENTER N. 10 12, leath occurred DIRECTOR	CITY OR TOV	IN CERT	PART LORPART 2) COUNTY , 19 87 iur and from th 22c DAT Dec	state that (II (we) lost e couses stated E SIGNED cember 21, 1987	

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the otter should be detached for use as the burial-transit permit. Then please remove ewith the State Dept. of Health and Mental Hygiene prior to burial, cremation. IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troum

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospitol or ottending physicion.

(VRA 15, 4)

14 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home Bethesda, Inc. 7557 Wisconsin Av., Bethesda, Maryland

DEC 2 4 1987 Company Land

BP

DHMH - 16 60M 7/B (VRA 15, 4)

076216

STATE	OF	MARYL	AND
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	1 -	FOR STATE		DEPART		EALTH AND MENTAL HYG	IENE	-	6 3	A 7
		EGISTRAR				ICATE OF DEATH	S REG.		0 4	9 0
, ,		CEASED NAME FIRST		MIDDLE	-	AST	20. DATE OF DEATH	MONTH D		HOUR 5
		Luci	le.	м.	Jen	kins		12 1	8 87	12 AM
	3. SEX		4 RACF		5 DATE C	F BIRTH	6 AGE IN YEARS LAST			F UNDER 24 HRS
	1	Female	Caucas	ian	Octo	ber 22, 1910	7	7 YRS.	UNINS DAYS	HOURS MIN.
2		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			
1		rth Dakota	United	States	WIDOWE		MONTO	SOME	RY CO	unty ,MD.
A	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUP		126 KIND OF E	SUSINESS OR
1		BETHESDA	Subur	ban Hosp	ital		Sales Cle		Retai	1
-	USUA 13a S	AL RESIDENCE (IF NURSING HOME STATE 136 CC	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	13d INSIDE CITY LIMITS?	113e STREET ADDRES	S / ZIP CODE		10
S			ntgomery	Chevy Cl		YES NO X	4757 Che		e Drive,	/20815
T	14 FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAST	- J. L
		Eldridge	Kader	Jenk	ins	Vessie	В.		Wils	on
1		VAS DECEASED EVER IN U.S.		16b. SOCIAL SECU	URITY NO.	17 INFORMANT	ADI	DRESS 1-12	Kemeys	Cove
	(1	YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	541 32 4	4550	Richard W. M	urray Sca	arboroug	h, New	York10510
		18 CAUSE OF DEATH (Enter	only one couse per	line for (a), (b), or	nd yes				APPROXIMA BETWEEN ON	TE INTERVAL
		PART I. DEATH WAS CAU	JSED BY: TATE CAUSE (0)	(ana	KOY	espirator	4 617	rest	-	
				R AS A CONSEQU	ENCE OF	1		A SA	1000	
N		Conditions, if any, which	(16)	K AD A CONSEGO	4	5 epsis	1-nec	umoni		
О		gove rise to immediate cause (a), stating the	DUETO	R AS A CONSEOU	ENCE OF	- 1				
		underlying couse last.	(c)_			Organic	Brown.) und	mue	
		PART 2 OTHER SIGNIFICAN	IT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RECOTED TO THE TERM	NINAL DISEASE OR CO	ONDIFION GIVE	N IN PART 110	
	CERTIFICATION				100					
	CAI	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF			S USED F DEATH?
1	RTIF						YES NO	YES		NO 🗌
3		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF	110110	OF INJURY .M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 18 PAI	RT 1 OR PART 2)	
	CAL	(IF EITHER, NOTIFY MEDICAL EXAM	DEATH	м.	19					542 01
1	MEDICAL	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE.	FARM, ETC)	21f. LOCATION STREET	CITY OF	RIOWN	COUNTY	STATE
d	2	WHILE NOT WHILE AT WORK			1					
		220.1 certify that (1) (this ha					to Dece	mper 101		ot (I) (we) last
		saw the deceased blive above, (I) (with) (did) (did	of Dec	ofter death.	81,0,01	nd that in (my) (our) opinion	deoth occurred on the	e date and hour	ond from the co	uses stated
		17h SIGNATURE		//	()	DEGREE		7.455	220 DATE SH	GNED
		1/2	2	1 toe	1	PHYSICIAN	DIRECTOR PHY	SICIAN [1641	8/87
		22 PHYSICIAN'S NAME (TY	PE OR PRINT)			22e ADDRESS		Laith	ersbine	L' wid
		1500	K	Kin	1	8921 56	adie 3	OVR G	ourt'	20877
	23a B	BURIAL, CREMATION, REMOV	AL 23b DATE	ber 23 23c.	NAME OF C	EMETERY OR CREMATORY	234 LOCATION		COUNTY	STATE
		Burial	198	87 Ga	ate of	Heaven Cem.		Spring.		ryland
	24 FU	thesda-Chevy (rt A. Pu	mphrey	meral	Home, Market	E REC'D BY REGISTR	AR 256. REGISTR		
	bei	TEE7 Wissensi	mase, In	C.				-1.		

poge 3

STATE OF MARYLAND

Jespersen

EPARTMENT	OF HEALTH	AND MEN	TAL HYGIENE	
CE	RTIFICATE	OF DEA	TH	8

	8 REG. NO.	Ó	4.4	64	4
	20 DATE OF DEATH MONTH	30-	YEAR 87	26 HOU	IR DOA
	6 AGE IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
	79 YRS.	MQN1H5	DAYS	HOURS	MIN.
5	9. BALTIMORE CITY OR COUNT	Y OF DE	ATH		

EX	4. RACE	5. DATE OF BIRT	
Female	Caucasian	July 17	

elen

13b. COUNTY

Montgomery

(IF YES, GIVE WAR OR DATES)

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

MIDDLE

, °1908 76. CITIZEN OF WHAT COUNTRY? MARRIED XX NEVER MARRIED United States WIDOWED

Montgomery County

ID. CITY OR TOWN OF DEATH

To. BIRTHPLACE (STATE OR FOREIGN

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY School Teacher Education

	Maryland
1	14 FATHER'S NAME

(YES, NO OR UNKNOWN)

Rockville

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Rockville

13. SIREET ADDRESS 1711 Farragut Avenue/20851 YES [NO [15. MOTHER'S MAIDEN NAME Gertrude

13d. INSIDE CITY LIMITS?

MIDDLE Mosher

FIRST Maurice

no

Illinois

FOR - STATE REGISTRAR PECEASED NAME

(TYPE OR PRINT)

MIDDLE J. 16e WAS DECEASED EVER IN U.S. ARMED FORCES?

Archbold 166. SOCIAL SECURITY NO 483 64 7690

AND1066N1C

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

17. INFORMANT

Charles F. Jespersen, Sr. same as #13

ADDRESS

IMMEDIATE CAUSE (a. Conditions, if any, which gave rise to immediate cause (a), stating

underlying cause

190 DATE OF OPERATION

PART I. DEATH WAS CAUSED BY:

OR AS A CONSEQUENCE OF HEART DISEASE ALVULAR

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

	l
218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ī
21d. INJURY OCCURRED	Ī

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

NOX YES | NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

CITY OF TOWN

STAFF

CERTIFICATION MEDICAL

TIE PLACE OF INJURY

211. LOCATION

23d LOCATION

78e AUTOPSY?

AT WORK NOT WHILE 220.1 certify that (1) (this haspital) appended the deceased fram saw the deceased alive on.

AT HOME STREET, FACTORY, OFFICE, FARM, ETC |

and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE

DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

22e ADDRESS 11125 Rockwille +

STATE

DHMH - 16 50M 1/B1

(VRA 15, 4)

0 0

sho

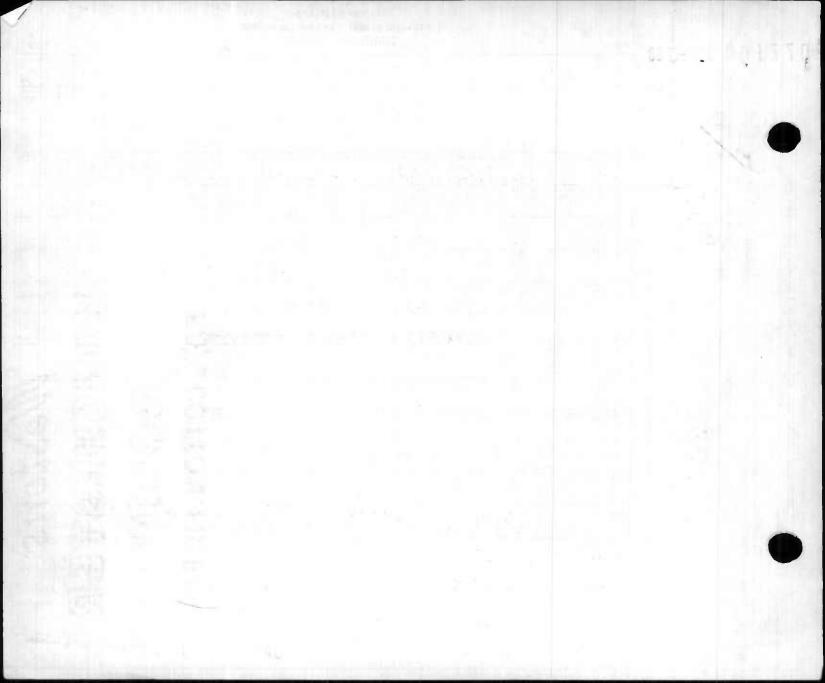
23e. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Jan 4, 1988

23c NAME OF CEMETERY OR CREMATORY Parklawn Memorial Par

Rockville, Maryland

⁷⁴ FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home/
NAME Rockville, Inc. ADDRESS
300 West Montgomery Ave. Rockville, MD 20850

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR S SIGNATURE



STATE OF MARYLAND

DEC 15		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	8 RIG. NO.	3 6 2 4 5
poge 3		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONT	10
		SAM		JEWLER	De 12	09 87 1930
	3 SE	MALE	CAUCASIAN	5. DATE OF BIRTH MONTH DAY YEAR 15 09	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	7a Bl	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR CO	UNTY OF DEATH
1		Russia	USA	WIDOWED DIVORCED	Montgome	ry County, M
1		Takoma Park	I IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Self-emplo	KING LIFE) 126 KIND OF BUSINESS OR
5	13a. S	STATE 13b COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION) NN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	
50))	ATHER'S NAME FIRST Max	Jewler LAST	IS MOTHER'S MAIDEN NA FIRST Sadie	MIDDLE	Barr
medicol			IVE WAR OR DATES)	urity no 17 informant -4167 Esther Jew	address	same as above
event, the		PART I. DEATH WAS CAUS	inly one couse per ling for (q), (b), or	nd ign	Fibullation	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
fraumotic		Conditions, if any, which	DUE TO, OR AS A CONSCOL	JENCE OF Cardiony	opathy	yrs
or ather to		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSECULAR (c) Multiple	BENCE OF myocardial	infancts	yrs
y injury, o	NOIL	Coronay Bypo	m Surgery, Bila		HF	
shows on)	CERTIFICATION	11 7 7	coronay and	HOPERATION WAS PERFORMED	YES NO NO	HEYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
or Rem 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.M. MONTH D	DAY YEAR	RED (ENTER NATURE OF INJURY IN IT	IEM 18 PART 1 OR PART 2)
ked	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	0 -1	CITY OR TOWN	COUNTY STATE
DIRECTOR. After oched for use as oched for use as Dept. of Health If Hem 21 is mark		sow the deceased alive a above, (1) (we) land) (did n	n 19 19 19 19 19 19 19 19 19 19 19 19 19		death occurred on the date a	nd hour and from the couses stated
T. T. Head		LOZA FOR	nan		MEDICAL STAFF DIRECTOR PHYSICIAN	12/10/87
IMPORTANT: IF		221-PHYSIMAN'S NAME STYPE	Leonard	10401 DID-	Seorgtown Rd.	Betherda Mdy
7		BURIAL, CREMATION, REMOVA (SPECIFY)	L 236. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY STATE
_		Burial	12/11/87 N	It. Lebanon Cem.	Adelphi.	Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Ives-Pearson FH, Falls Church, VA 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

